

<i>SERFF Tracking Number:</i>	<i>LTCG-126245895</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Genworth Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43066</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Genworth Group Long Term Care Insurance</i>		
<i>Project Name/Number:</i>	<i>7050 Policy Website Filing/</i>		

## Filing at a Glance

Company: Genworth Life Insurance Company		
Product Name: Genworth Group Long Term Care Insurance	SERFF Tr Num: LTCG-126245895	State: ArkansasLH
TOI: LTC03G Group Long Term Care	SERFF Status: Closed	State Tr Num: 43066
Sub-TOI: LTC03G.001 Qualified	Co Tr Num:	State Status: Closed
Filing Type: Advertisement	Co Status:	Reviewer(s): Marie Bennett
	Author: Timothy Cassidy	Disposition Date: 08/03/2009
	Date Submitted: 07/28/2009	Disposition Status: Filed
Implementation Date Requested:		Implementation Date:
State Filing Description:		

## General Information

Project Name: 7050 Policy Website Filing	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile: 07/27/2009
Requested Filing Mode: Review & Approval	Domicile Status Comments: Delaware is Genworth's state of domicile.
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Employer, Association, Trust, Other
Filing Status Changed: 08/03/2009	Explanation for Other Group Market Type: Labor Unions
Deemer Date:	State Status Changed: 08/03/2009
Filing Description:	Corresponding Filing Tracking Number:
Please see attached cover letter.	

## Company and Contact

SERFF Tracking Number: LTCG-126245895 State: Arkansas  
 Filing Company: Genworth Life Insurance Company State Tracking Number: 43066  
 Company Tracking Number:  
 TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
 Product Name: Genworth Group Long Term Care Insurance  
 Project Name/Number: 7050 Policy Website Filing/

### Filing Contact Information

(This filing was made by a third party - longtermcaregroup)

Timothy Cassidy, Compliance Manager tcassidy@ltcg.com  
 5 Commonwealth Road (508) 651-8800 [Phone]  
 Natick, MA 01760 (508) 651-8804[FAX]

### Filing Company Information

Genworth Life Insurance Company CoCode: 70025 State of Domicile: Delaware  
 6620 West Broad Street Group Code: 350 Company Type: Life, Health &  
 Annuity  
 Building 4  
 Richmond, VA 23230 Group Name: State ID Number:  
 (804) 922-5085 ext. [Phone] FEIN Number: 91-6027719  
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### Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50 is the total, calculated at \$25 per piece (there are 2 pieces).  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$50.00	07/28/2009	29488435

SERFF Tracking Number:	LTCG-126245895	State:	Arkansas
Filing Company:	Genworth Life Insurance Company	State Tracking Number:	43066
Company Tracking Number:			
TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified
Product Name:	Genworth Group Long Term Care Insurance		
Project Name/Number:	7050 Policy Website Filing/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	08/03/2009	08/03/2009

*SERFF Tracking Number: LTCG-126245895*

*State: Arkansas*

*Filing Company: Genworth Life Insurance Company*

*State Tracking Number: 43066*

*Company Tracking Number:*

*TOI: LTC03G Group Long Term Care*

*Sub-TOI: LTC03G.001 Qualified*

*Product Name: Genworth Group Long Term Care Insurance*

*Project Name/Number: 7050 Policy Website Filing/*

## **Disposition**

Disposition Date: 08/03/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LTCG-126245895 State: Arkansas

Filing Company: Genworth Life Insurance Company State Tracking Number: 43066

Company Tracking Number:

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Genworth Group Long Term Care Insurance

Project Name/Number: 7050 Policy Website Filing/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Third Party Filing Authorization	Filed	Yes
Supporting Document	Cover Letter	Filed	Yes
Supporting Document	Explanation of Variability	Filed	Yes
Supporting Document	Video Script	Filed	Yes
Form	Website Part 1	Filed	Yes
Form	Website Part 2	Filed	Yes
Form	Website Part 3	Filed	Yes
Form	Copy Deck	Filed	Yes

SERFF Tracking Number: LTCG-126245895 State: Arkansas

Filing Company: Genworth Life Insurance Company State Tracking Number: 43066

Company Tracking Number:

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

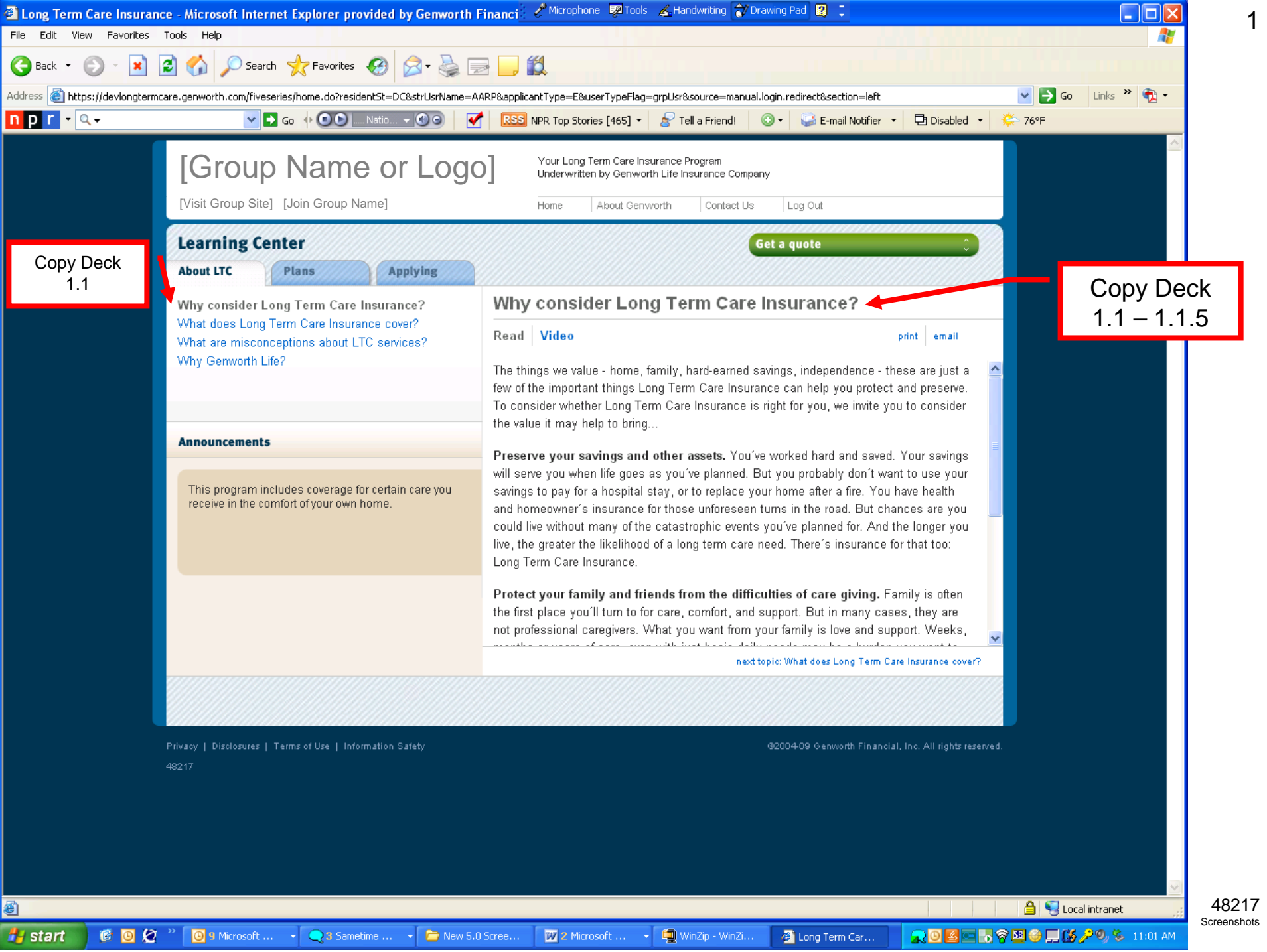
Product Name: Genworth Group Long Term Care Insurance

Project Name/Number: 7050 Policy Website Filing/

## Form Schedule

**Lead Form Number:** 48217

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Filed	48217	Advertising Website Part 1	Initial		0	48217 Screenshots 5.0 PT1 Learning Center.pdf
Filed	48217	Advertising Website Part 2	Initial		0	48217 Screenshots 5.0 PT2 Your Quote.pdf
Filed	48217	Advertising Website Part 3	Initial		0	48217 Screenshots 5.0 Pt3 Apply+Discl.pdf
Filed	48217 CD	Advertising Copy Deck	Initial		0	48217 Copy Deck 5.0 Website FILE .pdf



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## Learning Center

Get a quote

About LTC Plans Applying

Why consider Long Term Care Insurance?  
What does Long Term Care Insurance cover?  
What are misconceptions about LTC services?  
Why Genworth Life?

### Announcements

This program includes coverage for certain care you receive in the comfort of your own home.

## What does Long Term Care Insurance cover?

Read Video print email

Keeping up with daily basic activities may require help when you're dealing with an accident, illness or a chronic condition. Long Term Care Insurance is intended to help in times when the unforeseen leaves you with less capacity to do these kinds of daily tasks on your own. It helps to reimburse the expenses you incur for covered long term care services.

**Care at home and in the community.** The simple things may become challenging: getting out of bed, getting dressed each day, making a meal, even laundry or housecleaning. Long Term Care Insurance can help pay for caregivers and their training, as well as things like medical monitoring equipment, to make you feel better and safer at home.

**Care in Assisted Living Facilities.** Assisted living strikes a balance between independent living and access to personal care services in a community setting.

**Care in a Nursing Home.** Nursing homes provide comfort knowing you have 24-hour access to skilled care, including medical services and monitoring of your needs.

previous next topic: What are misconceptions about LTC services?

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## What are misconceptions about LTC services?

Read Video print email

**It won't happen to me.** It's hard to imagine ourselves in need of care. But we may be naive to think this way. The causes for long term care needs aren't that uncommon. Research shows 7 in 10 people age 65 or older will need long term care services at some point in their lifetimes<sup>1</sup>. Not surprising when you think about it. But you should also give some thought to this: 40% of people receiving long term care are between 18 and 64 years old<sup>2</sup>.

1. Kemper, Komisar and Aleo 2005/2006: Long-Term Care Over an Uncertain future: What Can Current Retirees Expect?; Health Policy Institute, Georgetown University.
2. National Clearinghouse Long Term Care Information- Own Your Future website. U.S. Department of health and Human Services, November 2007

**My other insurance will cover me.** Long Term Care needs may be something you'd associate with Disability or Health insurance, but neither one is designed to cover what this insurance can cover. Generally, disability insurance replaces lost income to cover basic living expenses like rent, food and clothing. Health insurance covers part of the cost for hospital stays, prescription drugs and doctor's visits, but does not help with the

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## Why Genworth Life?

Read Video print email

Should the need for long term care arise, you'll want to be sure that the company you've paid premiums to will be there to pay your claims as well. As a long-time leader in the Long Term Care Insurance market<sup>4</sup>, Genworth Life offers experience and stability, commitment, and strength.

4. Individual Long Term Care Insurance, 2006 Sales and In-Force, LIMRA International.

**Experience and stability.** This company is the #1 provider of Individual Long Term Care Insurance<sup>4</sup>. They provide Long Term Care Insurance to more than 1 million people and have paid out over \$4 billion in claims since 1974 - that's more than any other provider<sup>5</sup>.

4. Individual Long Term Care Insurance, 2006 Sales and In-Force, LIMRA International.  
5. Genworth Life Insurance Company, business operations information; 12/1974 through 12/31/2006.

**Commitment.** This company continues to strengthen its commitment and expand its presence in the long term care market with a range of new solutions. For example, in 2007 it was selected by AARP<sup>®</sup> as the exclusive Long Term Care Insurance provider for

previous next topic: How do I choose my coverage?

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### What does my plan include?

What happens when I need care?  
What are the advantages?  
What else is included in this program?  
What care is not covered?

### Announcements

This program includes coverage for certain care you receive in the comfort of your own home.

### What does my plan include?

print email

There are three main features of your employer-sponsored plan:

- The Monthly Benefit:** The maximum amount the plan will pay for covered services each month.
- The Total Coverage Amount:** The total amount the plan will pay for covered services over the lifetime of the coverage.
- The Benefit Increase Option:** The cost of long term care services is likely to increase. The benefit increase option included in your plan will increase your Total Coverage every year. Your quote has more details.

For a comprehensive description of what your plan includes, please review your plan's [detailed information](#).

previous next topic: What happens when I need care?

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### How do I choose my coverage?

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### Announcements

This program includes coverage for certain care you receive in the comfort of your own home.

### How do I choose my coverage?

Read Video print email

This Long Term Care Insurance program is flexible, which means you can design a plan that fits your needs. There are a few optional features to consider, but three plan elements are the most important components of any Long Term Care Insurance plan:

- The Monthly Benefit:** The maximum amount the plan will pay for covered services each month.
- The Total Coverage Amount:** The total amount the plan will pay for covered services over the lifetime of the coverage.
- Benefit Increase Options:** How your Monthly Benefit and Total Coverage levels can increase over time to keep up with the rising costs of care.

You will get to make choices when you get a quote, so read on to learn more about how you can select the coverage that's right for you.

**Your Monthly Benefit.** Your Monthly Benefit is the maximum amount your plan will cover for qualifying long term care expenses each month. There are several available choices. Choose a Monthly Benefit that will come close to covering the cost of care in

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Select the green "get a quote" button to customize a plan that can fit your budget.

## How can I keep up with the rising costs of care?

print email

There's flexibility to help you prepare for rising costs in a way that suits your budget.

**Buy More Coverage Over Time.** Every three years, you will be offered additional coverage - as long as you're not in claims status. If you accept the offer, both your monthly Benefit and your Total Coverage amount (less any benefits paid) will increase by 5%, compounded annually. This feature is automatically included in the plan you select.

**This could be for you if:**

- You prefer lower premiums today than you would get with other benefit increase choices.
- You prefer to choose when to increase your coverage - based on your needs and budget at the time of the offer.

**This may not be for you if:**

... You're uncomfortable with your premiums increasing each time you accept an offer.

previous next topic: What happens when I need care?

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Select the green "get a quote" button to customize a plan that can fit your budget.

## What happens when I need care?

print email

**Contacting the claims department.** Registered Nurses and professional Care Coordinators are available to help you understand the benefits that fit your situation, and how to access them. You'll receive an 800 number to contact Genworth. Once the nurse understands the situation, you'll be contacted by a member of Care Coordination team who can work with you to create a personalized care plan.

**Professional care coordination.** Care Coordinators help make the difficult decisions and uncharted waters of long term care easier for you to navigate. Their knowledgeable assistance allows you to bring together the resources you'll need and evaluate the choices available in your community. They'll work with you, your care providers and your family to help you make the most of your benefits. Our Care Coordinators are available to you or you can, at your own expense, use other care coordination professionals.

**Qualifying for benefits.** You'll qualify for benefits if you need help with at least two "activities of daily living" and anticipate needing help with them for at least 90 days. There are six qualifying activities of daily living, which are:

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Select the green "get a quote" button to customize a plan that can fit your budget.

## What are the advantages?

Read Video print email

**It's flexible.** You can design your plan to fit your needs and your budget.

**It's portable.** Membership has its privileges, however if you choose to leave the association you'll still be able to take this coverage with you, as long as you pay your premiums.

**AARP and Genworth - a winning combination.** You need a company you can trust to help protect your assets and lifestyle as you grow older. Since long term care is so future oriented, you need an insurer with the financial stability and commitment to be around years from now. That's why AARP selected Genworth Life Insurance Company as the underwriter for the AARP Group Long Term Care Insurance program.

**It provides care coordinators.** Care Coordinators provide comfort that comes from having a knowledgeable professional help you through the unfamiliar territory of long term care services.

**60-day free look.** You have 60 days from the time you receive your certificate of

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### What additional options are available?

print email

**Couples discount.** When both you and your partner apply for coverage together, a premium discount may apply: 40% if both are accepted, 25% if both are eligible to apply and only one is accepted. Applicants who answer "yes" to the insurability profile questions on their application are not eligible for the discount.

**Preferred Health discount.** If you are in good health, based on Genworth Life's underwriting standards, you may qualify for an additional discount.

**International coverage.** If you think you may retire outside the United States, you'll also be covered for qualified nursing home care you receive in other countries. Your covered expenses will be reimbursed up to 75% of your Monthly Benefit for up to 4 years.

**Non-Forfeiture Benefit Rider.** If you're concerned about losing your benefits should you stop paying into your plan, this feature may be for you. This rider allows for a reduced amount of coverage if your plan would otherwise end because you didn't pay your premium. This reduced coverage (your Total Coverage Amount) is based on the

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### What care is not covered?

print email

Not all long term care services are covered by your plan. For more details on what isn't covered, review the "Exclusions and Limitations" section of the [Outline of Coverage](#). Generally, your plan does not cover items such as room and board, treatment, care, and equipment if:

- You would not be charged if you did not have this insurance.
- You receive care or services outside of the United States of America, except as described in the International Coverage Benefit.
- Your immediate family provides care or services that are not covered by an Informal Care benefit. The care may be covered if the family member provides the care as an employee of the organization that is paid for services and he or she receives only the normal compensation for that job.
- You receive care in a Veteran's Administration or other federal government facility, unless a valid charge is incurred.

Your plan does not cover expenses if the need for long term care is the result of:

previous next topic: Who is eligible?

### Announcements

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[Why apply now?](#)  
[How can I learn more?](#)  
[What can I expect during the process?](#)

### Announcements

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### Who is eligible?

[print](#) [email](#)

Eligible persons include AARP members and their spouses (or domestic partners) ages 18 - 79 who maintain a permanent U.S. residence and have an active Social Security or U.S. Tax Identification Number. Spouse includes a person to whom you are joined by marriage or a legal relationship recognized by state law.

[previous](#) [next topic: How do I apply?](#)

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## Learning Center

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## How do I apply?

print email

It's easy to apply for the AARP Group Long Term Care Insurance program. You can:

- **Apply online.** You can apply, sign and submit your application online thanks to our unique electronic signature capability.
- **Meet with a licensed agent.** You can meet face to face with a qualified agent who can help you evaluate your options. Call 866 660.4117 to find an agent near you.
- **Apply by phone.** If you'd like help completing your application over the phone, customer service representatives are available by calling 866 660.4117.
- **Download an application.** Print, sign and complete the application and return it by mail. The mailing address is provided in the instructions.
- **Request an information kit.** You can request an information kit with everything you need to apply.

Select the green button above to get started!

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### Why apply now?

Read [Video](#) [print](#) [email](#)

Applying now to AARP's Long Term Care Insurance program has advantages:

**Lower premiums.** The younger you are when you apply, the lower your premium will be for comparable coverage. If you wait to apply your premiums will be higher - and you may not be able to qualify for coverage.

[previous](#) [next topic: How can I learn more?](#)

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**How can I learn more?**  
What can I expect during the process?

print email

### How can I learn more?

If you want to explore other benefits and features of this Long Term Care Insurance program, please read [detailed information](#) concerning the plans available, or call 866 660.4117 between the hours of Monday - Friday, 8 a.m. to 8 p.m., Eastern.

previous next topic: What can I expect during the process?

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### Announcements

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### What can I expect during the process?

[print](#) [email](#)

**Application.** If you apply online, you'll get a confirmation that your application has been received.

**Underwriting.** If you need to complete a health questionnaire, we may request a copy of your medical records, and in some instances, a 20 to 30 minute telephone interview may also be required.

**Certificate issue.** When you have been approved for coverage, on or near the effective date of your coverage, you'll receive a package containing your Certificate of Insurance. This is your proof of insurance. Be sure to review it to make certain it reflects the benefits you have chosen - you'll have 60 days to return it for a refund of your premiums if you change your mind.

[previous](#) [next topic: Why consider Long Term Care Insurance?](#)

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## Your Quote

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**Are both members of a couple applying?**

You and your partner may be eligible for a premium discount if you both apply. Yes ☒ No ☐

**When were you born?**

Your premiums are tied to your age, so the younger you are when you purchase coverage, the lower your premiums will be.

-Month- -Day- -Year-

**Where do you expect to retire?**

The costs of long term care vary significantly across the country. [View the Cost of Care map >>](#)

District of Columbia Select metro area

Next step: Review plan

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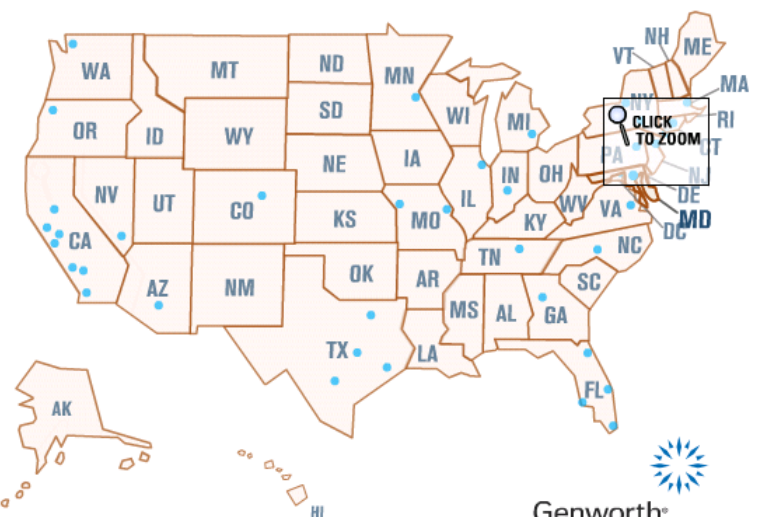
Step 1: Get a Quote

Are both members of  
You and your partner r

When were you born?  
Your premiums are tie  
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Where do you expect  
The costs of long term  
Care map >>

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Genworth Financial 2008 Cost of Care Survey, 04/08. Conducted by CareScout, an independent research firm.

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## My Future, My Plan

View learning topics

Step 1: Get a Quote Step 2: Your Plan Step 3: Apply

A: Plan Design B: Plan Basics C: Additional Options

"My Future, My Plan" is designed exclusively for AARP members. Compare the options below to customize your plan to fit your lifestyle and budget. **For additional options, call 866.660.4117.**

Select a plan design:	My Base Plan	My Select Plan	My Choice Plan
	<a href="#">Tell me more &gt;</a>	<a href="#">Tell me more &gt;</a>	<a href="#">Tell me more &gt;</a>
<b>Coverage %</b> The percentage of your Monthly Benefit the plan will pay for covered services. <a href="#">more &gt;</a>	80%	100%	100%
<b>Home and Community Care %</b> The amount of your Monthly Benefit that can be used toward home and community care expenses. <a href="#">more &gt;</a>	50%	50%	100%
<b>Home Care Right Away</b> Allows you to receive home and community care benefits with no waiting period. <a href="#">more &gt;</a>	Not Included	Not Included	Included
<b>Survivorship</b> Waives premium for the surviving partner if one of you dies. <a href="#">more &gt;</a>	None	None	10 Years

**Your Plan**

**Total cost** \$28.93 Monthly

**Plan Design**

- My Base Plan

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Back to Get a quote Next step: Plan basics

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## Your Quote

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A: Plan Basics B: Plan Options

Choose from the options below to select your plan basics.

<b>Monthly Benefit</b> The maximum your plan will pay each month for covered expenses. The average cost of assisted living care in your area is \$1600 per month. <a href="#">more &gt;</a> <a href="#">How much does care cost in my area?</a> <a href="#">What is the cost of waiting?</a>	<input checked="" type="radio"/> \$1,600 <input type="radio"/> \$6,000
<b>Total Coverage</b> The total pool of money available to pay covered expenses for the lifetime of your coverage. <a href="#">more &gt;</a> <a href="#">What if I invested instead of buying insurance?</a>	<input checked="" type="radio"/> \$57,600 <input type="radio"/> \$96,000
<b>Benefit Increase Options</b> These options increase your Monthly Benefit and Total Coverage over time, helping you keep up with future rising costs of care. <a href="#">more &gt;</a> <a href="#">Which benefit increase option is right for me?</a>	<input checked="" type="radio"/> Automatic 5% Increase for Life - Equal <input type="radio"/> Automatic 5% Increase for Life - Compound
<b>Waiting Period</b> The period you must wait before benefits can be paid. Also known as an elimination period. <a href="#">more &gt;</a>	<input checked="" type="radio"/> 90 days <input type="radio"/> 180 days

**Your Plan**

<b>Your cost</b>	<b>\$49.75</b> Monthly
------------------	---------------------------

**Plan basics**

- \$1,600 Monthly Benefit
- \$57,600 Total Coverage
- Automatic 5% Increase for Life - Equal
- 90 days Waiting Period

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Back to Get a quote Next step: Plan options

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## Your Quote

Step 1: Get a Quote

### A: Plan Basics

Choose from the options below:

**Monthly Benefit**

The maximum your plan will cover. The maximum benefit in your area is \$1,600. [How much does care cost?](#) [What is the cost of waiting?](#)

**Total Coverage**

The total pool of money available to pay for long-term care expenses for the lifetime of the insured. [What if I invested instead?](#)

**Benefit Increase Options**

These options increase the benefit over time, helping to keep up with rising costs of care. [Which benefit increase option is best for me?](#)

**Waiting Period**

The period you must wait before benefits can be paid. Also known as an elimination period. [more >](#)

90 days  
180 days

### What is the cost of waiting?

People often think they can wait until they are older to buy Long Term Care Insurance. But considering coverage earlier has advantages.

#### Estimated Monthly Costs

Today	Monthly Benefit: \$1,600	Total Coverage: \$57,600
\$50		
If you wait...		
5 Years \$51		
10 Years \$53		
15 Years \$59		
20 Years \$82		

**Why now?**

- Monthly premiums are lower when you're younger
- A future medical condition won't keep you from getting insurance

Premiums shown for future purchases are taken from current rate tables for older ages. These premiums are not guaranteed, and the insurer has the right to change rates in the future.

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## Your Quote

Step 1: Get a Quote

### A: Plan Basics

Choose from the options below:

**Monthly Benefit**  
The maximum your plan can cover. The care in your area is \$1,000 per month. What is the cost of your care?

**Total Coverage**  
The total pool of money available to pay for your care. What if I invested instead?

**Benefit Increase Options**  
These options increase your coverage over time, helping to keep up with rising costs of care. Which benefit increase option do you want?

**Waiting Period**  
The period you must wait before benefits can be paid. Also known as an elimination period. [more >](#)

90 days  
180 days

### Why insure versus invest?

This graph helps you see how long it would take to save an amount equal to the Total Coverage from your Long Term Care Insurance plan. Select an expected after-tax investment return on the slider and see if saving on your own is a viable option to pay for the services you may need.

Estimated Cost: \$50/month

After-tax return | ?

4% 6% 8%

You will be 72 years old by the time you're able to save an amount equal to the Total Coverage you could have today with Long Term Care Insurance.

\* This amount does not account for any increases in total coverage that may result from your benefit increase options.

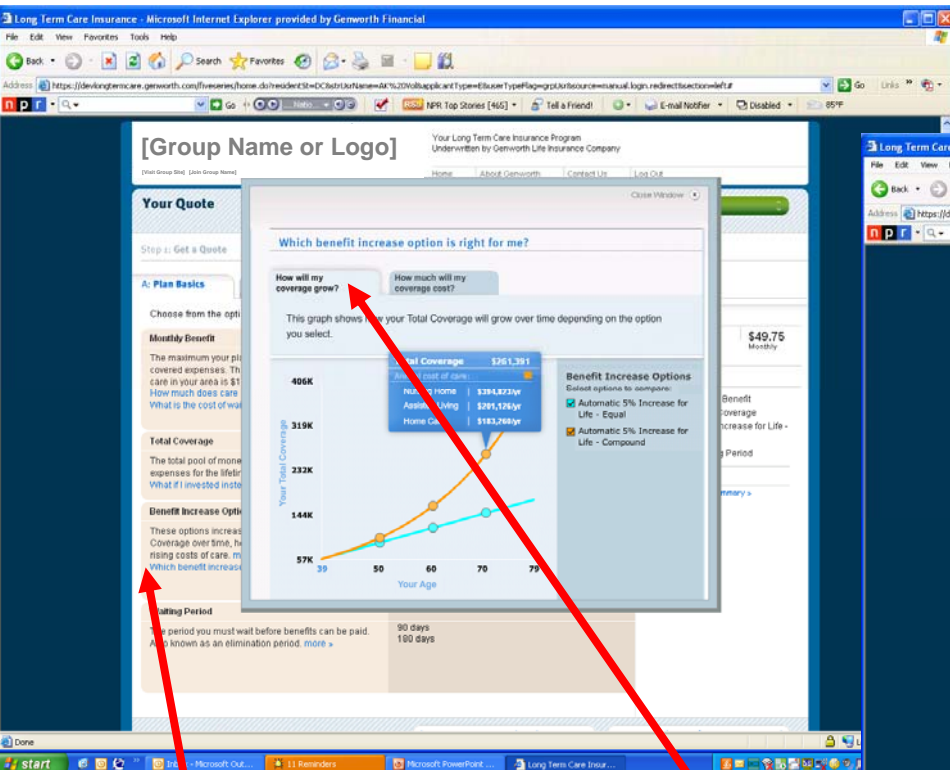
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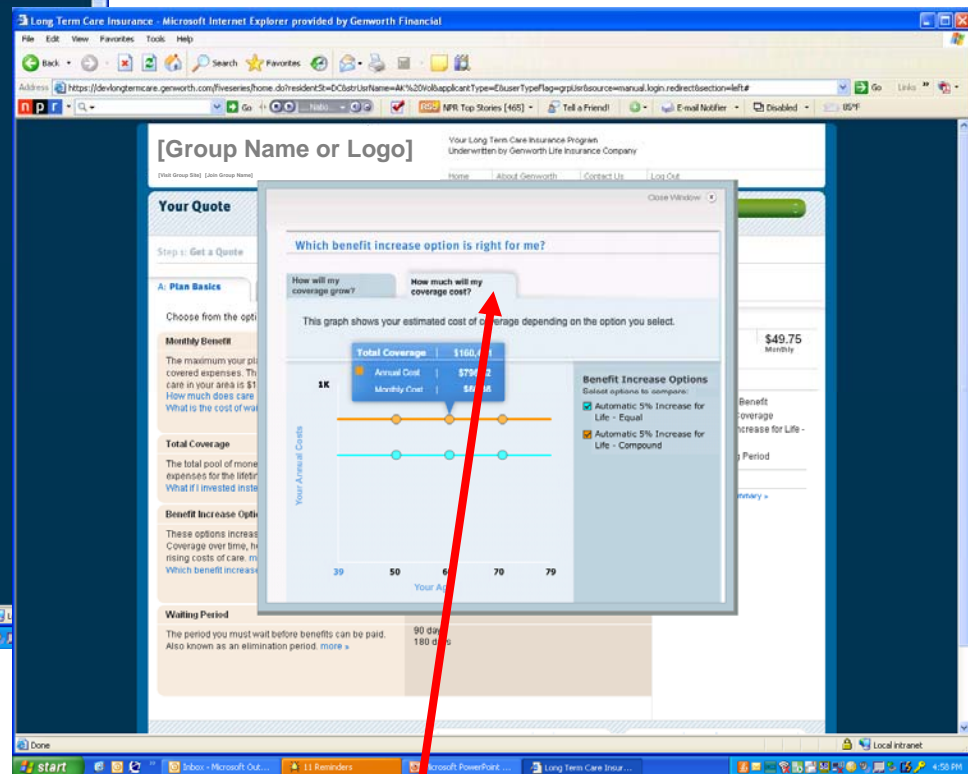
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## Your Quote

View learning topics

Step 1: Get a Quote Step 2: Your Plan Step 3: Apply

A: Plan Basics B: Plan Options

Choose from the additional options below to further customize your plan.

<b>Couples Discount</b> You and your partner may be eligible for a premium discount if you both apply. <a href="#">more &gt;</a>	<input type="checkbox"/> Yes
<b>Preferred Health Discount</b> You may qualify for a discount if you are in good health. <a href="#">more &gt;</a>	<input type="checkbox"/> Yes
<b>Survivorship</b> Waives premium for the surviving partner if one of you dies. <a href="#">more &gt;</a>	<input type="radio"/> 7 Years <input checked="" type="radio"/> None
<b>Return of Premium</b> Returns all or part of the premiums you've paid if you die. <a href="#">more &gt;</a>	<input checked="" type="radio"/> 10 Years <input type="radio"/> Graded
<b>Payment Options</b> You can pay up your coverage earlier by paying a larger premium. <a href="#">more &gt;</a>	<input checked="" type="radio"/> Pay over Lifetime <input type="radio"/> Paid Up Coverage - After age 65
<b>Payment Frequency</b> You can receive a discount by scheduling payments less frequently. <i>Note that with the monthly option, automatic draft of your checking account is required.</i> <a href="#">more &gt;</a>	<input checked="" type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Every 6 months <input type="radio"/> Annually

### Your Plan

**Your cost** **\$49.75**  
Monthly

#### Plan basics

- \$1,600 Monthly Benefit
- \$57,600 Total Coverage
- Automatic 5% Increase for Life - Equal
- 90 days Waiting Period

#### Plan options

- Full Return of Premium
- Pay over Lifetime
- Monthly Payment

[compare plans >](#)

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## Compare plans

This compares the starting plan to the plan you've selected.

Cost per Month	Starting Plan	Your Plan
Your cost per month is the amount you will pay (also referred to as your "premium") for Long Term Care Insurance.	\$49.75	\$29.85
Monthly Benefit		
The maximum your plan will pay each month for covered expenses. The average cost of assisted living care in your area is \$1600 per month.	\$1,600	\$1,600
Total Coverage		
The total pool of money available to pay covered expenses for the lifetime of your coverage.	\$57,600	\$57,600
Benefit Increase Option		
These options increase your Monthly Benefit and Total Coverage over time, helping you keep up with future rising costs of care.	Automatic 5% Increase for Life - Equal	Automatic 5% Increase for Life - Equal
Waiting Period		
The period you must wait before benefits can be paid. Also known as an elimination period.	90	90

### Return of Premium

Returns all or part of the premiums you've paid if you die. [more >](#)

- ☒ 10 Years  
☐ Graded

### Payment Options

You can pay up your coverage earlier by paying a larger premium. [more >](#)

- ☒ Pay over Lifetime  
☐ Paid Up Coverage - After age 65

### Payment Frequency

You can receive a discount by scheduling payments less frequently. *Note that with the monthly option, automatic draft of your checking account is required.* [more >](#)

- ☒ Monthly  
☐ Quarterly  
☐ Every 6 months

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Learning topics

### Your Plan

Your cost **\$29.85**  
Monthly

### Plan basics

- \$1,600 Monthly Benefit
- \$57,600 Total Coverage
- Automatic 5% Increase for Life - Equal
- 90 days Waiting Period

### Plan options

- Couples Discount
- Full Return of Premium
- Pay over Lifetime
- Monthly Payment

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## Plan summary

Base plan premium	\$481.45
Return Of Premium	+ \$100.39
Couples Discount	- \$232.74
Multi-life Discount	- \$17.46
<b>Your Annual Cost</b>	<b>\$331.64</b> Annually

<b>Your Monthly Cost</b>	<b>\$29.85</b> Monthly
--------------------------	---------------------------

### Your Plan include:

<b>Monthly Benefit</b>	<b>\$1,600</b>
------------------------	----------------

The maximum your plan will pay each month for covered expenses. The average cost of assisted living care in your area is \$1600 per month.

<b>Total Coverage</b>	<b>\$57,600</b>
-----------------------	-----------------

The total pool of money available to pay covered expenses for the lifetime of your coverage.

<b>Benefit Increase Option</b>	<b>Automatic 5% Increase for Life - Equal</b>
--------------------------------	---

Your coverage amounts automatically increase by 5% simple each year. This coverage increase does not trigger a premium increase.

### Return of Premium

Returns all or part of the premiums you've paid if you die. [more >](#)

- ☒ 10 Years  
☐ Graded

### Payment Options

You can pay up your coverage earlier by paying a larger premium. [more >](#)

- ☒ Pay over Lifetime  
☐ Paid Up Coverage - After age 65

### Payment Frequency

You can receive a discount by scheduling payments less frequently. *Note that with the monthly option, automatic draft of your checking account is required.* [more >](#)

- ☒ Monthly  
☐ Quarterly  
☐ Every 6 months

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new learning topics

### Your Plan

<b>Your cost</b>	<b>\$29.85</b> Monthly
------------------	---------------------------

### Plan basics

- \$1,600 Monthly Benefit
- \$57,600 Total Coverage
- Automatic 5% Increase for Life - Equal
- 90 days Waiting Period

### Plan options

- Couples Discount
- Full Return of Premium
- Pay over Lifetime
- Monthly Payment

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## Your Quote

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**Start the application process by creating an account**  
To return to an in-progress application at a later date, you will need to create login credentials for yourself.

**Create your personal ID**

**Your name**

First name Last name

**Email address** **Retype email address**

**Create password** **Retype password**

8-20 characters. Include 1 capital letter, 1 number.

**Security question** **Answer to security question**

Select a security question

**Were you hired before 4/11/2009?**

☐ Yes ☐ No

**Your Plan**

**Your cost** **\$29.85**  
Monthly

**Plan basics**

- \$1,600 Monthly Benefit
- \$57,600 Total Coverage
- Automatic 5% Increase for Life - Equal
- 90 days Waiting Period

**Plan options**

- Couples Discount
- 10 Years Return of Premium
- Pay over Lifetime
- Monthly Payment

[print or email plan summary >](#)

[request an enrollment kit >](#)

[download an application >](#)

Back to Review plan Continue

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# [Group Name or Logo]

Your Long Term Care Insurance Program  
Underwritten by Genworth Life Insurance Company

[Visit Group Site] [Join Group Name]

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## Your Quote

View learning topics

Step 1: Get a Quote

### Request an enrollment kit

To have information on your group plan mailed to you, please complete the fields below.

Send application to

First name	Last name	
<input type="text"/>	<input type="text"/>	
Address	Address line 2 (optional)	
<input type="text"/>	<input type="text"/>	
City	State	Zip code
<input type="text"/>	District of Columbia	<input type="text"/>
Phone number	Email address	
<input type="text"/>	<input type="text"/>	
Were you hired before 4/11/2009?		
<input type="radio"/> Yes <input type="radio"/> No		

Submit

Start the application  
To return to an in-progress application, click here.

Create your personal information

Your name  
First name

Email address

Create password  
8-20 characters. Include at least one number and one special character.

Security question

Were you hired before 4/11/2009?  
Yes No

\$29.85 Monthly

Benefit coverage increase for Life - Period

Amount of Premium

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## Your Quote

View learning topics

Step 1: Get a Quote Step 2: Your Plan Step 3: Apply

### Start the application

To return to an in-progress application, click the link below.

Create your personal ID

Your name

First name

Email address

Create password

8-20 characters. Include

Security question

Were you hired before 4/11/2009?

Yes No

### Download an application

Were you hired before 4/11/2009? ☐ Yes ☐ No

Please review the following and indicate your consent below. To view the documents, download and install the free [Adobe Reader](#).

[Outline Of Coverage](#) (PDF)  
[Shopper's Guide to Long Term Care Insurance](#) (PDF)  
[Potential Rate Increase Disclosure](#) (PDF)  
[Things You Should Know](#) (PDF)

☐ I have reviewed the important documents above.

Continue

\$29.85 Monthly

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Learning Center

Get a quote

About LTC Plans Applying

Why consider Long Term Care Insurance?

What does Long Term Care Insurance cover?

What are misconceptions about LTC services?

Why Genworth Life?

Announcements

This program includes coverage for certain care you receive in the comfort of your own home.

Why consider Long Term Care Insurance?

Read Video print email

The things we value - home, family, hard-earned savings, independence - these are just a few of the important things Long Term Care Insurance can help you protect and preserve. To consider whether Long Term Care Insurance is right for you, we invite you to consider the value it may help to bring...

**Preserve your savings and other assets.** You've worked hard and saved. Your savings will serve you when life goes as you've planned. But you probably don't want to use your savings to pay for a hospital stay, or to replace your home after a fire. You have health and homeowner's insurance for those unforeseen turns in the road. But chances are you could live without many of the catastrophic events you've planned for. And the longer you live, the greater the likelihood of a long term care need. There's insurance for that too: Long Term Care Insurance.

**Protect your family and friends from the difficulties of care giving.** Family is often the first place you'll turn to for care, comfort, and support. But in many cases, they are not professional caregivers. What you want from your family is love and support. Weeks, months, or even years with just basic daily needs may be harder on your family than you think.

next topic: What does Long Term Care Insurance cover?

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## Learning Center

Get a quote


### About LTC

Why consider Long Term Care Insurance?  
What does Long Term Care Insurance cover?  
What are misconceptions about Long Term Care Insurance?  
Why Genworth Life Insurance?

### Announcements

This program includes... receive in the community...

### About Genworth



Genworth Financial helps millions of people around the world achieve their dreams—of homeownership, financial independence, a comfortable retirement and protection for their loved ones. We're a global financial security company dedicated to providing confidence and financial peace of mind today, while helping protect against life's uncertainties.

**Trusted Solutions**

Working with our distribution partners, we provide financial solutions that help people at key stages of their lives. We want to help people achieve homeownership through the use of mortgage insurance; create life security by providing life insurance, payment protection coverage and wellness programs; build savings and wealth through our wealth management offerings and financial advisory services; and establish retirement security through retirement income products and long term care insurance.

**Strong Foundation**

Genworth Financial's heritage goes back to 1871 when The Life Insurance Company of Virginia wrote its first policy. For more than 135 years,

other than New York, and Genworth Life Insurance Company of New York in New York, continue in this tradition. Your group long term care insurance program is underwritten by Genworth Life Insurance Company.

**Deep Distribution Network**

We have an extensive, multi-channel distribution network that gives customers access to our products through banks, brokers and other financial institutions, as well as independent producers and advisors. Because we want to be the financial security company that distributors prefer to do business with over others, we are committed to delivering innovative solutions with product, education, service, technology and ease of service components that help our distribution partners grow.

**Dedicated People**

We are proud of our more than 7,000 employees, whose diverse talents and focused commitment to our purpose enable us to make possible the dreams of millions of people around the world. With local knowledge supported by global expertise, our employees bring a special...

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Learning Center

About LTC

Why consider Long Term Care Insurance?  
What does Long Term Care Insurance do?  
What are misconceptions about Long Term Care Insurance?  
Why Genworth Life?

Announcements

This program includes...  
receive in the comfort of your home.

Contact us

Your question will be answered within 9 working days. Queries requiring extensive research may take longer and will be answered as soon as possible.  
If you prefer to contact us by phone, please call toll-free Monday - Friday, 8 a.m. to 8 p.m., Eastern, at 866 660.4117.

First name
Last name

Address
Address line 2 (optional)

City
State
Zip code

E-mail address
Subject

Your question

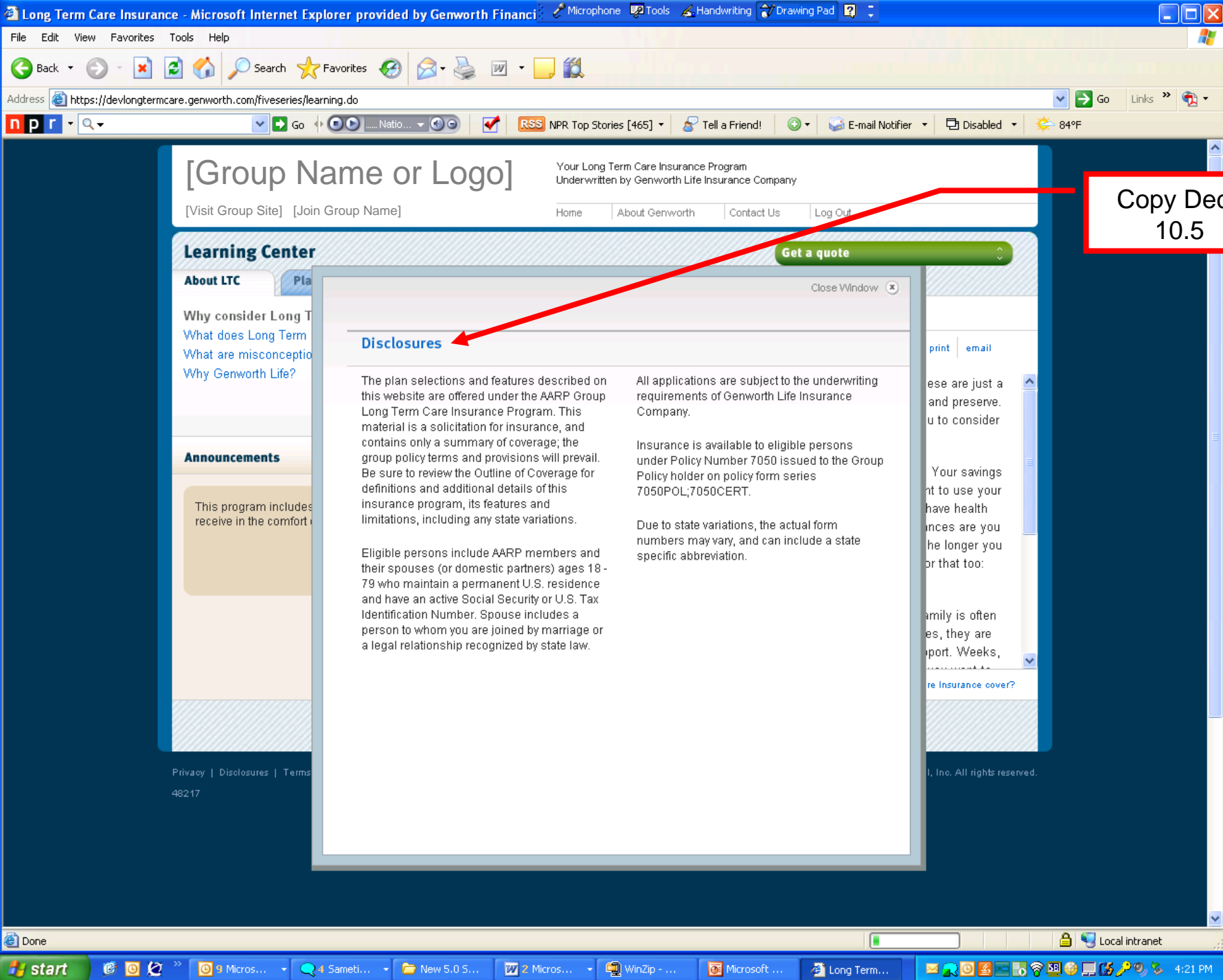
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Disclosures

The plan selections and features described on this website are offered under the AARP Group Long Term Care Insurance Program. This material is a solicitation for insurance, and contains only a summary of coverage; the group policy terms and provisions will prevail. Be sure to review the Outline of Coverage for definitions and additional details of this insurance program, its features and limitations, including any state variations.

Eligible persons include AARP members and their spouses (or domestic partners) ages 18 - 79 who maintain a permanent U.S. residence and have an active Social Security or U.S. Tax Identification Number. Spouse includes a person to whom you are joined by marriage or a legal relationship recognized by state law.

All applications are subject to the underwriting requirements of Genworth Life Insurance Company.

Insurance is available to eligible persons under Policy Number 7050 issued to the Group Policy holder on policy form series 7050POL;7050CERT.

Due to state variations, the actual form numbers may vary, and can include a state specific abbreviation.





## LEARNING CENTER

### 1.0 About LTC

#### 1.1. Why consider Long Term Care Insurance?

*(Note to reviewer: See Slide 1)*

1.1.1. The things we value - home, family, hard-earned savings, independence - these are just a few of the important things Long Term Care Insurance can help you protect and preserve. To consider whether Long Term Care Insurance is right for you, we invite you to consider the value it may help to bring...

1.1.2. **Preserve your savings and other assets.** You've worked hard and saved. Your savings will serve you when life goes as you've planned. But you probably don't want to use your savings to pay for a hospital stay, or to replace your home after a fire. You have health and homeowner's insurance for those unforeseen turns in the road. But chances are you could live without many of the catastrophic events you've planned for. And the longer you live, the greater the likelihood of a long term care need. There's insurance for that too: Long Term Care Insurance.

1.1.3. **Protect your family and friends from the difficulties of care giving.** Family is often the first place you'll turn to for care, comfort, and support. But in many cases, they are not professional caregivers. What you want from your family is love and support. Weeks, months or years of care, even with just basic daily needs may be a burden you want to lift from your family's shoulders, so they can give you those shoulders to lean on in the ways that matter more.

1.1.4. **Stay in your home as long as possible.** If you're like most people, home is where your heart is, and where you'd like to stay for as long as possible. Long Term Care Insurance can give you the flexibility to receive care in the comfort and familiarity of your home or your community.

1.1.5. **Maintain a level of independence and control of your life.** Nothing makes us feel more vulnerable than losing control of basic choices. Few things are as important as knowing we've taken steps to help make sure we're able to live our lives on our own terms.

#### 1.2. What does Long Term Care Insurance cover?

*(Note to reviewer: See Slide 2)*

1.2.1. Keeping up with daily basic activities may require help when you're dealing with an accident, illness or a chronic condition. Long Term Care Insurance is intended to help in times when the unforeseen leaves you with less capacity to do these kinds of daily tasks on your own. It helps to reimburse the expenses you incur for covered long term care services.

**1.2.2. Care at home and in the community.** The simple things may become challenging: getting out of bed, getting dressed each day, making a meal, even laundry or housecleaning. Long Term Care Insurance can help pay for caregivers and their training, as well as things like medical monitoring equipment, to make you feel better and safer at home. [You may even be covered for some care you get from neighbors and friends.]

**1.2.3. Care in Assisted Living Facilities.** Assisted living strikes a balance between independent living and access to personal care services in a community setting.

**1.2.4. Care in a Nursing Home.** Nursing homes provide comfort knowing you have 24-hour access to skilled care, including medical services and monitoring of your needs.

If you want to explore other benefits and features of this Long Term Care Insurance program, please read detailed information concerning the plans available. *(Note to reviewer: underlined links to pdf of the Outline of Coverage).*

### **1.3. What are misconceptions about LTC services?**

*(Note to reviewer: See Slide 3)*

**1.3.1. It won't happen to me.** It's hard to imagine ourselves in need of care. But we may be naïve to think this way. The causes for long term care needs aren't that uncommon. [Research shows 7 in 10 people age 65 or older will need long term care services at some point in their lifetimes<sup>1</sup>. Not surprising when you think about it. But you should also give some thought to this: 40% of people receiving long term care are between 18 and 64 years old].<sup>2</sup>

[1. Kemper, Komisar and Alecxih 2005/2006: "Long-Term Care Over an Uncertain future: What Can Current Retirees Expect?"; Health Policy Institute, Georgetown University.]

[2. National Clearinghouse Long Term Care Information- "Own Your Future" website. U.S. Department of Health and Human Services, November 2007.]

**1.3.2. My other insurance will cover me.** Long Term Care needs may be something you'd associate with Disability or Health insurance, but neither one is designed to cover what this insurance can cover. Generally, disability insurance replaces lost income to cover basic living expenses like rent, food and clothing. Health insurance covers part of the cost for hospital stays, prescription drugs and doctor's visits — but does not help with the daily needs that make up long term care.

**1.3.3. The government will pay.** Many Americans think of government programs as a safety net; however these programs are limited in benefits and require those who participate to meet specific qualifications. This means two things: 1) you may not have control over the type or location of care you receive; 2) your savings and other property may stand in the way of your eligibility.

For example: Medicare generally offers very limited coverage and only for a short period of time. It is not designed to cover long term care and does not offer significant help with these expenses. Medicaid can pay for nursing home care and

some other long term care, but requires that you have little or no income. In addition, in most states you must spend down all but about \$2,000 of your assets in order to qualify.

**1.3.4. I can pay for it out of savings.** Your savings may be what you're counting on for retirement. But if you plan to use this money to pay for long term care, it's worth noting that, nationally, nursing home care costs on average [\$76,000] a year, and even home and community care averages more than [\$43,000] a year<sup>3</sup>. If a long term care situation lasted even a few years, that's a big bite out of your savings. Considering that savings are supposed to cover the essentials of life, as well as things like travel, it may be worth holding on to as much as possible.

Another point to consider is that decades of savings may help you accumulate money to pay for care, but Long Term Care Insurance offers immediate protection. So if you need care sooner, it's available.

[3. [Genworth Financial Annual Cost of Care Survey. Conducted by CareScout [April 2008]. Assumes nursing home care is within a [semi-private/private room] and home and community care is [Medicare certified] for an average of [44] hours per week.]

**1.3.5. Insurance is too expensive.** Long Term Care insurance is built for flexibility in cost as well as coverage. [And, because your plan is paid for by your employer, you aren't responsible for any of the cost.] [You choose your [Plan Design,] [Daily/Monthly] Benefit amount, your Total Coverage amount, and other optional benefits. These choices let you put together a plan that will help meet your needs and fit your budget.

If cost is a main concern, consider selecting a combination of benefits you can reasonably afford – even though it may not necessarily be the most comprehensive coverage available. When a long term care event happens, many people find having some coverage is better than having no coverage at all.

You have to be the judge of whether Long Term Care Insurance should be part of your overall financial plan. You need to feel comfortable that you'll be able to pay your premiums now and in the future. If you're depending on Social Security as your main source of income, have little or no savings (or home equity) to protect, or believe you'll qualify for Medicaid, Long Term Care Insurance may not be the right choice for you.

#### **1.4. Why Genworth Life?**

*(Note to reviewer: See Slide 4)*

**1.4.1.** Should the need for long term care arise, you'll want to be sure that the company you've paid premiums to will be there to pay your claims as well. As a long-time leader in the Long Term Care Insurance market<sup>4</sup>, Genworth Life offers experience and stability, commitment, and strength.

[4. Individual Long Term Care Insurance, 2006 Sales and In-Force, LIMRA International.]

1.4.2. **Experience and stability.** This company is [the #1/a leading] provider of Individual Long Term Care Insurance<sup>4</sup>. They provide Long Term Care Insurance to more than [1 million] people and have paid out over \$[4] billion in claims since 1974 - that's more than any other provider<sup>5</sup>.

[4. Individual Long Term Care Insurance, [2006] Sales and In-Force, LIMRA International.]

[5. Genworth Life Insurance Company, business operations information; 12/1974 through [12/31/2008].]

1.4.3. **Commitment.** This company continues to strengthen its commitment and expand its presence in the long term care market with a range of new solutions. For example, in 2007 it was selected by AARP<sup>®</sup> as the exclusive Long Term Care Insurance provider for over [39] million members. The company also has a strategic alliance with the Alzheimer's Association [and is the national sponsor of the Memory Walk].

1.4.4. **Strength.** The Genworth Financial family of companies serve the lifestyle protection, retirement income, investment and mortgage insurance needs of more than [15 million] customers with operations in [24] countries. [View Genworth Life's financial ratings.](#) *(Note to reviewer: underlined links to the following address: [Genworth Financial Ratings: Genworth Financial Third Party Ratings](#))*

1.4.5. **Health & Wellness.** Genworth Life is an advocate for health and wellness. Visit the [Momentum Wellness Program](#) to find information and discounts on important wellness opportunities, including diet and exercise programs, nutrition, prevention, safety and care giving support. *(Note to reviewer: underlined links to [Wellness Program: Programs for Health and Wellness from Genworth Financial](#) )*

## 2.0 Plans

### 2.1. [What does my plan include?

*(Note to reviewer: See Slide 5)*

There are three main features of your employer sponsored plan:

1. **The [Daily/Monthly] Benefit:** The maximum amount the plan will pay for covered services each [day/month].
2. **The Total Coverage Amount:** The total amount the plan will pay for covered services over the lifetime of the coverage.
3. **The Benefit Increase Option:** The cost of long term care services is likely to increase. [Your Benefit Increase Option, "Buy More Coverage Over Time," gives you the option to purchase additional coverage to help keep pace with these rising costs. Every [two/three] years, you'll receive an offer to purchase additional coverage.] [The Benefit Increase Option included in your plan will increase your Total Coverage every year. Your quote has more details.]

For a comprehensive description of what your plan includes, please review your plan's detailed information. *(Note to reviewer: underlined links to Outline of Coverage.)*

## 2.2. [How do I choose my coverage?

*(Note to reviewer: See Slide 6)*

2.2.1. This Long Term Care Insurance Program is flexible, which means you can design a plan that fits your needs. There are a few optional features to consider, but three plan elements are the most important components of any Long Term Care Insurance plan:

1. **The [Daily/Monthly] Benefit:** The maximum amount the plan will pay for covered services each [day/month].
2. **The Total Coverage Amount:** The total amount the plan will pay for covered services over the lifetime of the coverage.
3. **The Benefit Increase Option:** How your [Daily/Monthly] Benefit and Total Coverage levels can increase over time to keep up with the costs of care. [Some options are available for an additional cost.]

You will get to make these choices when you get a quote, so read on to learn more about how you can select the coverage that's right for you.

2.2.2. ["My Future, My Plan" is designed exclusively for AARP members. To choose a plan that fits your lifestyle and budget, consider the following choices:

1. **The Plan Design:** Packages that allow you to tailor a plan that fits your needs.
2. **The [Daily/Monthly] Benefit:** The maximum amount the plan will pay for covered services each [day/month].
3. **The Total Coverage Amount:** The total amount the plan will pay for covered services over the lifetime of the coverage.
4. **The Benefit Increase Option:** How your [Daily/Monthly] Benefit and Total Coverage levels can increase over time to keep up with the costs of care. [Some options are available for an additional cost.]

You will get to make these choices in the online quote tool, so read on to learn more about how you can select the coverage that's right for you.]

2.2.3. **[Your Plan Design.** You can choose one of three options.

**"My Choice Plan"** is suited for the person who is risk averse and wants to have the most robust coverage.

**"My Select Plan"** is suited for the individual who has local family support and a modest amount of assets.

**"My Base Plan"** is suited for the individual looking for the most economical plan and who has already budgeted for some long term care costs.

Get a quote to learn more about these options.]

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2.2.4. **[Your [Daily/Monthly] Benefit.** Your [Daily/Monthly] Benefit is the maximum amount your plan will cover for qualifying long term care expenses each [day/month]. There are a few available choices. Choose a [Daily/Monthly] Benefit that will come close to covering the cost of care in your area. [View the cost of care in your area >>](#)  
(Note to reviewer: *underlined links to cost of care map in pop-up. See Slide 18*)

**If cost is a concern...** Choose a [Daily/Monthly] Benefit that will come close to covering your home care needs. Insurance to cover less expensive home and community care needs may yield financial as well as personal benefits for those who prefer familiar surroundings. [Consider this: 3 out of 4 claims start with home care and nearly 70% continue with home care until the need is resolved.<sup>6</sup>]

[6. Genworth Life Insurance Company, business operations information; 12/1974 through [12/31/2008].Internal Claims data.]]

2.2.5. **[Your Total Coverage Amount.** Long Term Care Insurance provides a “pool of money” (your Total Coverage Amount) to pay for your long term care expenses over the lifetime of your plan. It will last until you use it up – as long as your coverage remains in effect. When you choose a Total Coverage Amount you should think about your needs, your family situation, your financial resources and your family health history to estimate how long you think you’ll need this money to last.

**If cost is a concern...** Choose a Total Coverage Amount that should last about three years. [In 9 out of 10 cases, a 2005 actuarial study shows that long term care claims are lasting three years or less.<sup>7</sup>]

[7. Long Term Care Claims, A Special Report, Milliman Consultants and Actuaries, April 2005]]]

## 2.3. **[How can I keep up with the rising costs of care?**

(Note to reviewer: *See Slide 7*)

There’s flexibility to help you prepare for rising costs in a way that suits your budget. [The automatic increase options are available for an additional cost.]

2.3.1. **[Buy more coverage over time.** Every [two/three] years, you will be offered additional coverage [– as long as you’re not in claims status]. If you accept the offer, both your [Daily/Monthly] Benefit and your Total Coverage Amount [(less any claims paid)] will increase by [3%/5%], compounded annually. [This feature is automatically included in the plan you select.]

### **This could be for you if:**

- ☐ You prefer lower premiums today than you would get with other benefit increase choices.
- ☐ You prefer to choose when to increase your coverage – based on your needs and budget at the time of the offer.

### **This may not be for you if:**



- ☐ You're uncomfortable with your premiums increasing each time you accept an offer to buy more coverage. Premiums for the additional coverage will be based on your age at the time of the increase.
- ☐ You think you might decline future offers. If you decline the offer three consecutive times you will not be offered further opportunities to increase coverage.]

**2.3.2. [Automatic 5% Increase for Life - Compound.** Your [Daily/Monthly] Benefit and Total Coverage Amount [(less any claims paid)] will automatically increase by 5% compound every year. Please read this option carefully. It offers the most comprehensive inflation protection. If you complete an application, you will be asked to confirm that you have reviewed this option.

**This could be for you if:**

- ☐ You want the most comprehensive inflation protection available with this plan.
- ☐ You don't want your premiums to go up when your benefits increase.
- ☐ You prefer your coverage to automatically increase each year – regardless of your health. You won't need to make purchase decisions every [two/three] years.

**This may not be for you if:**

You're uncomfortable paying a higher premium than you would pay with other options.]

**2.3.3. [Automatic 4% Increase for Life - Compound.** Your [Daily/Monthly Benefit] and Total Coverage Amount [(less any claims paid)] will automatically increase by 4% compound every year.

**This may be for you if:**

- ☐ You don't want your premiums to go up when your benefits increase.
- ☐ You prefer your coverage to automatically increase each year – regardless of your health. You won't need to make purchase decisions every [two/three] years.
- ☐ [You prefer a more affordable compound option.]

**This may not be for you if:**

You're uncomfortable paying a higher premium than you would pay initially for the "buy more coverage over time" option.]

**2.3.4. [Automatic 3% Increase for Life - Compound.** Your [Daily/Monthly Benefit] and Total Coverage Amount [(less any claims paid)] will automatically increase by 3% compound every year.

**This may be for you if:**

- ☐ You don't want your premiums to go up when your benefits increase.

- ☐ You prefer your coverage to automatically increase each year – regardless of your health. You won't need to make purchase decisions every [two/three] years.
- ☐ [You prefer a more affordable compound option.]

**This may not be for you if:**

You're uncomfortable paying a higher premium than you would pay initially for the "buy more coverage over time" option.]

**2.3.5. [Automatic 5% Increase for Life – Equal.** Your [Daily/Monthly] Benefit and Total Coverage amount will automatically increase by 5% simple every year.

**This may be for you if:**

- ☐ You don't want your premiums to go up when your benefits increase.
- ☐ You prefer your coverage to automatically increase each year – regardless of your health. You won't need to make purchase decisions every [two/three] years.
- ☐ [You prefer a more affordable benefit increase option.]

**This may not be for you if:**

- ☐ You're uncomfortable paying a higher premium than you would pay initially for the "buy more coverage over time" option.
- ☐ You prefer your benefits to increase more quickly. Over time, "simple" increase options grow more slowly than compound options.]

**2.3.6. [Automatic 5% Increase for Life - Age Adjusted.** Your [Daily/Monthly] Benefit and Total Coverage amount will automatically increase by 5%, compounding each year until you turn 66. Thereafter, your accumulated benefits will grow each year by 5% on a simple basis.

**This may be for you if:**

- ☐ You don't want your premiums to go up when your benefits increase.
- ☐ You prefer your coverage to automatically increase each year – regardless of your health. You won't need to make purchase decisions every [two/three] years.
- ☐ [In the early years, you want the strength of compounding with a lower cost than some other compound options; or, for the same cost, you'd like a higher benefit amount.]

**This may not be for you if:**

- ☐ You're uncomfortable paying a higher premium than you would pay initially for coverage over time.
- ☐ [You prefer your benefits to increase more quickly. Over time, "simple" increase options grow more slowly than compound options.]

**2.3.7. [Automatic Increase for Life - Graded.** Your [Daily/Monthly] Benefit and Total Coverage amount [(less any claims paid)] will automatically increase by 5%

compound while you're age 60 or younger, by 3% compound between the ages of 61 and 76, then by 2% compound each year thereafter.

**This may be for you if:**

- ☐ You don't want your premiums to go up when your benefits increase.
- ☐ You prefer your coverage to automatically increase each year – regardless of your health. You won't need to make purchase decisions every [two/three] years.
- ☐ [In the early years, you want the strength of compounding with a lower cost than some other compound options; or, for the same cost, you'd like a higher benefit amount.]

**This may not be for you if:**

You're uncomfortable paying a higher premium than you would pay initially for coverage over time.]

2.3.8. [Note that the Automatic Increase options described above are available for an additional premium.]

## **2.4. What happens when I need care?**

*(Note to reviewer: See Slide 8)*

**2.4.1. Contacting the claims department.** Claims professionals can help you understand the benefits available to you, and how to access them. You'll receive an 800 number to contact Genworth's Claims Services Department. After speaking with a Genworth Intake Nurse, you'll be contacted by a member of the Care Coordination team who will begin the care coordination process which includes a face-to-face functional assessment, needs assessment and the development of a personalized Plan of Care.

**2.4.2. Professional care coordination.** Care Coordinators will help assess your long term care needs and identify the care needed to meet those needs. They'll work with you to develop an individualized plan of care, and will locate community resources you can use to obtain your care. Care Coordinators will monitor the care you receive on an on-going basis and will help revise your plan of care, if needed.

**2.4.3. Qualifying for benefits.** You may qualify for benefits if you need help with at least two "activities of daily living" and anticipate needing help with them for at least 90 days. There are six qualifying activities of daily living, which are:

- Bathing
- Eating
- Dressing
- Toileting
- Continence
- Transferring (for example moving from a chair to your bed)

Alzheimer's disease or another severe cognitive impairment that results in the need for supervision may also qualify you for benefits. You will need a doctor, nurse, social worker or other appropriately licensed health care practitioner to certify that you qualify for benefits.

For benefits to be payable for covered long term care and services, you'll need a Plan of Care developed by a licensed health care practitioner that indicates the type, frequency and duration of the care and services necessary to address your needs.

**2.4.4. Waiting Period.** Once you qualify for benefits, your benefits will begin after a [60/90] day elimination period. The elimination period begins on the first day you receive covered long term care services. If you continue to qualify, you will receive benefits for the covered long term care services after [60/90] [calendar/covered-service days.] You will only need to satisfy the elimination period once in your lifetime [and your covered-service days do not need to be consecutive].

## **2.5. What are the advantages?**

*(Note to reviewer: See Slide 9)*

**2.5.1. It's flexible.** You can design your plan to fit your needs and your budget.

**2.5.2. It's portable.** [Take this coverage with you, even if you leave this group, as long as you pay your premiums.]

[Membership has its privileges, however if you choose to leave the association you'll still be able to take this coverage with you, as long as you pay your premiums.]

### **2.5.3. [Streamlined underwriting] [Guaranteed coverage].**

**2.5.3.1.** [During [group name]'s enrollment period, [employees /members /retirees] [are guaranteed coverage – as long as you are [actively at work/a member in good standing] [and meet eligibility requirements] both on the day you apply and on the day your coverage becomes effective. Your spouse [or domestic partner] may be able to take advantage of streamlined underwriting, which means fewer medical questions to answer.]

**2.5.3.2.** [During [group name]'s enrollment period, you and your spouse [or domestic partner] may be able to take advantage of streamlined underwriting, which means fewer medical questions to answer.]

**2.5.4. [Streamlined Underwriting or Guaranteed Coverage.** During [group name]'s enrollment period, [employees/members/retirees] will receive either guaranteed coverage or streamlined underwriting – depending on [your age] [and] [the plan you choose] – as long as you are [actively at work / are a member in good standing / meet eligibility requirements] both on the day you apply and on the day your coverage becomes effective. [Your spouse [or domestic partner] may be able to take advantage of streamlined underwriting [ - depending on [age] [and] [the plan selected] – which means fewer medical questions to answer.]

2.5.5. **[[Group name] supports this program.** [Group name] recognizes the financial and emotional burden a long term care event may have on you and your family.]

[They want each of their [employees/members/retirees] to have the opportunity to be protected against this risk and, for that reason, strongly urge you to consider adding Long Term Care Insurance to your financial plan.]

[They want each of their [employees/members/retirees] to be protected against this risk and, for that reason, are making contributions to help fund your Long Term Care Insurance plan.]

2.5.6. **[Payroll]/[Annuity] deduction.** Your premiums [– as well as those of your [spouse/domestic partner] – ]can be easily paid for through payroll [/annuity] deduction.]

2.5.7. **[AARP and Genworth – a winning combination.** You need a company you can trust to help protect your assets and lifestyle as you grow older. Since long term care is so future oriented, you need an insurer with the financial stability and commitment to be around years from now. That's why this AARP Group Long Term Care Insurance Program, underwritten by Genworth Life Insurance Company, is now available to AARP members.]

2.5.8. **It provides care coordinators.** If you're in need of long term care services, planning and organizing your care may be difficult. That's why a care coordinator will help assess your needs, build a personalized plan of care, and help you locate resources in your community who can provide that care.

2.5.9. **[30]-day free look.** You have [30] days from the time you receive your certificate of insurance to evaluate the plan. If you decide during that time that you don't want the coverage, return your certificate and your premiums will be promptly refunded. If you decide to keep your coverage, premiums will be payable when due. There is a 65-day period for making late premium payments before coverage will lapse.

2.5.10. **[AARP and Genworth:** AARP is dedicated to enhancing quality of life for all of us as we age. Genworth Life, through its experience and thought leadership concerning long term care issues, is dedicated to providing AARP's members with a unique set of plan options, designed to address the possibility of future long term care needs.]

2.5.11. **It's easy to enroll.** You can enroll [using the web] [, by phone at [phone number] [, with an agent] or with a paper application — whatever works best for you.

2.5.12. **[Partnership for long term care.** You may be able to purchase a Long Term Care Insurance plan that qualifies for your state's Long Term Care Insurance

Partnership Program. The Partnership Program lets you protect your assets - up to the amount of benefits you receive from your plan and still potentially qualify for Medicaid. In other words with a Partnership qualified plan, you may not have to spend down your assets to qualify for Medicaid.

For your plan to qualify for Partnership you must select a qualifying Benefit Increase Option. For more information on this and other elements of Partnership, view the [important details here.](#) (*Note to reviewer: underlined links to Partnership disclosure form*)

## 2.6. What additional options are available?

(*Note to reviewer: See Slide 10*)

2.6.1. **[Couples discount.** [If you and your spouse [or domestic partner] both apply for coverage, each of you can receive a [10%] discount.]

[When both you and your partner apply for coverage together, a premium discount may apply: [[x]% if both are eligible to apply.] [40% if both are issued, 25% if both are eligible to apply and only one is issued.] Applicants who answer "yes" to the insurability profile questions on their application are not eligible for the discount.]

2.6.2. **[Preferred Health discount.** If you are in good health, based on Genworth Life's underwriting standards, you may qualify for an additional discount.]

2.6.3. **[Informal Care.** Help provided by a friend or family member, who didn't live in your home when you became claim eligible, may also be reimbursed - as long as the caregiver isn't compensated as an employee of a home health agency or Independent Provider. This care may include help managing medications, simple health care tasks, or assisting you with the activities of daily living.]

2.6.4. **International coverage.** If you think you may retire outside the United States, you'll also be covered for qualified nursing home care you receive in other countries. Your covered expenses will be reimbursed up to 75% of your [Daily/Monthly] Benefit for up to 4 years.

2.6.5. **[Return of Premium.** If you're concerned about what happens to the money you've paid into your insurance plan should you die before receiving benefits this feature will appeal to you.

2.6.5.1. **[Graded Return of Premium:** If you die before age 65, 100% of the premiums you've paid (less any benefits paid) will be returned. After you're 65, the percent of premiums returned will reduce 10% per year. No benefit is payable when you reach age 75.]

2.6.5.2. **[Full Return of Premium:** If you die after being covered for 10 years, 100% of the premiums you've paid (less any benefits paid) will be returned.]]



2.6.6. **[Non-Forfeiture Benefit.** If you're concerned about losing your benefits should you stop paying into your plan, this feature may be for you. This rider allows for a reduced amount of coverage if your plan would otherwise end because you didn't pay your premium after your coverage is in force for three years. This reduced coverage (your Total Coverage Amount) is based on the premiums you have already paid (less any claims paid), but will be no less than the benefits payable for 30 days of facility care. There is an additional charge for this rider.]

2.6.7. **[Shared Coverage.** This benefit allows you and your [spouse]/[partner] to share Total Coverage Amounts. If you and your [spouse]/[partner] purchase identical coverage and one of you exhausts your benefit, the other's remaining Total Coverage may be used.]

2.6.8. **[Shared Coverage with Joint Waiver.** This benefit allows you and your [spouse]/[partner] to share Total Coverage Amounts. If you and your [spouse]/[partner] purchase identical coverage and one of you exhausts your benefit, the other's remaining Total Coverage may be used. If waiver of premium applies to your coverage, it will also apply to your [spouse]/[partner] coverage.]

2.6.9. **[Joint Coverage.** This benefit allows you and your [spouse/partner] to share Total Coverage Amounts. If you and your [spouse/partner] purchase identical coverage and one of you exhausts your benefit, the other's remaining Total Coverage may be used. If waiver of premium applies to your coverage, it will also apply to your spouse/partner coverage.]

2.6.10. **[Survivorship.** If you and your [spouse/partner] have both owned coverage for the specified number of years that includes the same survivorship benefit[, have not received benefits] and one of you dies, all future premium payments will be waived for the survivor's coverage.]

2.6.11. **[Restoration of Benefits.** If you've been on claim and, for a period of 180 days, recover to the extent that you can perform 5 of the 6 activities of daily living, and do not have a severe cognitive impairment, your remaining Total Coverage amount will be increased by the amount of benefits that were paid. This benefit will not apply if coverage is in Non-forfeiture status. ]

2.6.12. **[Home Care Right Away.** Enables you to receive home and community care benefits as soon as you are benefit eligible.]

2.6.13. **[Transition Benefit.** Pays a one time cash benefit of [5 times your Daily Benefit] [15% of your Monthly Benefit] while you are satisfying your waiting period.]

2.6.14. **[Home and Community Care %.** You can choose [50%,][60%][75%][or 100%] of your [Daily/Monthly] Benefit that can be used for homecare. Use the cost of care in your area as a guide to decide what's right for you.]

2.6.15. **[Assisted Living %]**. You can choose [50%,][60%][75%][or 100%] of your [daily/monthly] benefit to be used toward covered assisted living expenses. Use the cost of care in your area as a guide to decide what's right for you.]

2.6.16. **[Accelerated Premium Payments]**. By paying a larger premium, payments are needed only for a limited time. [You can pay up your coverage by your 10th policy anniversary if you pay a larger premium for 10 years.] [Or,] [You can pay up your coverage by age 65 if you pay a larger premium until that time.]

2.6.17. **[Payment Frequency]**. You can choose how often you pay your premiums, either [monthly,] [quarterly,] [semi-annually,] or [annually]. If premiums are paid over the course of the year, instead of less frequently, there are additional charges. You'll save money if you choose a less frequent payment option. [Payroll deduction is only available if you select the monthly payment frequency.]]

2.6.18. **[Limited Assisted Living Facility]**. This benefit covers payments for care and support services provided while in an assisted living facility, but does not cover rent for the facility.]

2.6.19. **[Deductible]**. As with other types of insurance, you can choose a deductible which you must satisfy before benefits are paid. The deductible is equal to [50] times your [Daily/ Monthly] Benefit in effect when a claim is made.]

2.6.20. **[Coverage %]**. With this option you are responsible for the first [20%] of your actual covered long term care expenses and the plan will pay [80%] - up to your [Daily/Monthly] Benefit. ]

## 2.7. What care is not covered?

*(Note to reviewer: See Slide 11)*

Not all long term care services are covered by your plan. For details on what isn't covered, review the "Exclusions and Limitations" section of the Outline of Coverage. Generally, your plan does not cover items such as room and board, treatment, care, and equipment if:

- ☐ [You would not have been charged for them if you did not have insurance.]
- ☐ [You receive care or services outside of the United States of America, except as covered by the International Coverage benefit.]
- ☐ [Your immediate family provides care or services [that are not covered by an Informal Care benefit.] The care may be covered if the family member provides the care as an employee of the organization that it paid for services and he or she receives only the normal compensation for that job.]

- ☐ [You receive care in a Veteran's Administration or other federal government facility, unless a valid charge is made.]

2.7.1. Your plan does not cover expenses if the need for long term care is the result of:

- ☐ [War or an act of war, whether declared or undeclared]
- ☐ [Attempted suicide or self-inflicted injury]
- ☐ [Your participation in a felony, riot or insurrection]
- ☐ [Service in the armed forces or units auxiliary thereto]
- ☐ [Alcoholism, addiction to drugs or narcotics, except for addiction to prescription drugs, which you took only as directed by a physician.]

State variations may apply to these exclusions and limitations. The specific language may vary or change the impact of the exclusion. For example, in Oklahoma, the reference to war or act of war is qualified as "War or act of war, while serving in the military service or any auxiliary unit attached to the service..." Check your Outline of Coverage for any state variations that apply.

**2.7.2. Non-duplication of benefits.** This program will reimburse benefits only for covered expenses that exceed the amount payable or already paid under:

- ☐ Medicare, including amounts that would be reimbursable in the absence of a deductible or co-insurance amount.
- ☐ [Any state or federal worker's compensation, employer's liability, or occupational disease law.]
- ☐ Any other federal, state or government health care program other than Medicaid.

**2.7.3. [Coordination with other coverage.** Benefits will be reduced when the total amount payable under your coverage and all other [group] Long Term Care Insurance is greater than the actual expenses you incur.]

If you'd like more details on what isn't covered by your Long Term care Insurance, read the Exclusions and limitations section of the Outline of Coverage.

## 3.0 Applying

### 3.1. Who is eligible?

*(Note to reviewer: See Slide 12)*

[To be eligible, you must be [a/an] [actively-at-work,] [full-time/part-time] [employee/member in good standing] and at least 18 years old. [Retirees and] [o/O]ther

family members may apply up to age [80] / must be between the ages of [18] and [80]].  
Eligible family members include:

- [Your spouse [(includes a person to whom you are joined by marriage or a legal relationship recognized by state law)] [or domestic partner]
- [Your parents and parents-in-laws]
- [Your step parents and step parents-in-law]
- [Your grandparents and grandparents-in-law]
- [Your step grandparents and step grandparents-in-law]
- [Your adult children]
- [Your siblings]

All eligible persons must maintain a permanent US residence, and have an active U.S. Social Security or tax identification number.]

[Eligible persons include AARP members and their spouses (or domestic partners) ages 18 – 79 who maintain a permanent U.S. residence and have an active Social Security or U.S. Tax Identification Number. Spouse includes a person to whom you are joined by marriage or a legal relationship recognized by state law.]

[If you have questions about who is eligible under this plan, please enter your question at the Contact Us link above.]

### 3.2. **How do I apply?**

*(Note to reviewer: See Slide 13)*

It's easy to apply for the [Group Name] Group Long Term Care Insurance program. You can:

- **[Apply online]** – You can apply, sign and submit your application online thanks to our unique electronic signature capability.]
- **[Meet with a licensed agent]** – You can meet face to face with a qualified agent who can help you evaluate your options. [Talk with your employer about your company's representative/Call [800-555-1212] to find an agent near you.]
- **[Apply by phone]** – If you'd like help completing your application over the phone, customer service representatives are available by calling [800-555-1212].]
- **[Download an application]** – Print, sign and complete the application and return it by mail. The mailing address is provided in the instructions.
- **[Request an information kit]** – You can request an information kit with everything you need to apply.]

Select the green button above to get started.

### 3.3. **[Why apply now?**

*(Note to reviewer: See Slide 14)*

Applying now to [Group name]'s Long Term Care Insurance program has advantages:

3.3.1. **[Streamlined Underwriting.** If you are [an actively at work employee/ a member in good standing [or a[n] [eligible] retiree]], you can take advantage of streamlined underwriting during your enrollment period. This limits the health related questions you [and your spouse [or domestic partner]] need to answer.]

3.3.2. **[Coverage Guarantee.** During your enrollment period, if you are [an actively at work employee/a member in good standing [or a[n] [eligible] retiree]] on the day you apply, and on the day your coverage becomes effective, your coverage is guaranteed without answering any health questions. [Your spouse [or domestic partner] will have streamlined underwriting which limits the health questions they'll have to answer.]]

3.3.3. **[Coverage Guarantee or Streamlined Underwriting.** During your enrollment period, [employees/members/retirees] will receive either guaranteed coverage or streamlined underwriting – depending on [your age] [and] [ the plan you choose] – as long as you are [actively at work / are a member in good standing / meet eligibility requirements] both on the day you apply and on the day your coverage becomes effective. [Your spouse [or domestic partner] may be able to take advantage of streamlined underwriting [ - depending on [their age] [and] [the plan they select] – which means fewer medical questions to answer.]

3.3.4. [If you decide to apply after the enrollment period, you will be required to complete a full health questionnaire and go through underwriting. There is a chance that a health condition may prevent you from qualifying for coverage.]

3.3.5. **Lower premiums.** The younger you are when you apply, the lower your premium will be for comparable coverage. If you wait to apply your premiums will be higher – and you may not be able to qualify for coverage.]

### 3.4. **How can I learn more?**

*(Note to reviewer: See Slide 15)*

If you want to explore other benefits and features of this Long Term Care Insurance program, please read detailed information concerning the plans available, or call [1-800-555-1212] between the hours of [Monday - Friday, X AM and X PM Eastern]. *(Note to reviewer: underlined links to Outline of Coverage)*

### 3.5. **What can I expect during the process?**

*(Note to reviewer: See Slide 16)*

3.5.1. **[Application.** If you apply online, you'll get a confirmation that your application has been received.]

3.5.2. **Underwriting.** If you need to complete a health questionnaire, we may request a copy of your medical records, and in some instances, a 20 to 30 minute telephone interview may also be required.

**3.5.3. Certificate issue.** When you have been approved for coverage, on or near the effective date of your coverage, you'll receive a package containing your Certificate of Insurance. This is your proof of insurance. Be sure to review it to make certain it reflects the benefits you have chosen – you'll have [30] days to return it for a refund of your paid premiums if you change your mind.

## 4.0 Announcements

*(Note to reviewer: See Slide 16. Different announcements will appear by group and applicant type.)*

- [This program includes coverage for certain care you receive in the comfort of your own home. Customize a plan to fit your budget by clicking on *Get a quote.*]
- [Avoid lengthy medical questions -- apply by [enrollment end date].]
- [Don't miss your opportunity ... there are [3] days remaining to apply within the enrollment period.]
- [Our online security features protect your personal information.]
- [For [employees/members [and [eligible] retirees]], the streamlined online application process only takes about 5 minutes.]
- [Learn more by attending a meeting with a Program expert.  
Date: [mmddyy]  
Time: [x:00 am/pm]  
Place: [room name/Address/City, State]
- [Learn more about the benefits of long term care by clicking here to [view a video.](#)]

**[YOUR QUOTE]  
[MY FUTURE, MY PLAN]  
(appears behind “Get a quote” button)**

## 5.0 Step 1: Get a Quote

*(Note to reviewer: See Slide 17)*

**5.1. [Are both members of a couple applying [together online]?**

You and your partner may be eligible for a premium discount if you both apply.

**5.2. When were you born?**

Your premiums are tied to your age so typically, the younger you are when you purchase coverage, the lower your premiums will be.

**5.3. [When was your partner born?]**

**5.4. Where do you expect to retire?**

The costs of long term care vary significantly from state to state. [View Cost of Care in your Area>>](#) *(Note to reviewer: underlined links to cost of care map. See Slide 18.)*



## 6.0 Step 2: [Review] [Your] Plan

*(Note to reviewer: See Slide 19)*

### 6.1. [A. Plan Design]

*(Note to reviewer: See Slide 19)*

“My Future, My Plan” is designed exclusively for AARP members. Compare the options below to customize your plan to fit your lifestyle and budget. For additional plan choices, call [XXX XXX.XXXXX.].

*(Note to reviewer: The following are headers)*

#### Select a Plan Design:

- **My Base Plan.** Tell me more>> Suited for an individual looking for the most economical plan and who has already budgeted for some long term care expenses.
- **My Select Plan.** Tell me more>> Suited for an individual who has local family support and a modest amount of assets.
- **My Choice Plan.** Tell me more>> Suited for the person who is risk averse and wants to have the most robust coverage.

**6.1.1. Coverage %.** The percentage of your [Daily/Monthly] Benefit the plan will pay for covered services. **More>>** A reduced coverage amount may be for you if you want to reduce your premium by agreeing to pay a portion of your expenses out of pocket. *(Note to Reviewer: Base plan will indicate 80%, Select plan will indicate 100% and Choice Plan will indicate 100%)*

**6.1.2. Home and Community Care %.** The amount of your [Daily/Monthly] Benefit that can be used toward home and community care expenses. **More>>** Customize the % of your [Daily/Monthly] Benefit to suit your needs and budget. Use the cost of care in your area as a guide. *(Note to Reviewer: Base plan will indicate 50%, Select plan will indicate 75% and Choice Plan will indicate 100%)*

**6.1.3. Home Care Right Away.** Allows you to receive home and community care benefits with no waiting period. **More>>** This may be for you if you want to avoid paying expenses for home and community care during the waiting period and don't mind paying a higher premium to get this benefit. *(Note to Reviewer: Base plan will indicate “Not Included”; Select plan will indicate “Not Included” and Choice Plan will indicate “Included”)*

**6.1.4. Survivorship.** For insured couples, waives premium for the surviving partner if one of you dies. **More>>** This may be for you if you want to make sure your partner doesn't have to pay premiums after you die. Coverage for both you and your partner must include the same survivorship benefit and must have been active for [7 or] 10 years [, depending on which option you select]. *(Note to Reviewer: Base plan will indicate “Not Included”; Select plan will indicate “Not Included” and Choice Plan will indicate “10 year”)]*

## 6.2. [A/B]. Plan Basics

*(Note to reviewer: See Slide 20)*

[Your plan includes the following benefits:]

[Choose from the options below to select your plan basics: ]

["My Future, My Plan" is designed exclusively for AARP members. Compare the options below to customize your plan to fit your lifestyle and budget. For additional plan choices, call [XXX XXX.XXXXX.].

### 6.2.1. [Daily/Monthly] Benefit

*(Note to reviewer: See Slide 20)*

The maximum your plan will pay each [day/month] for covered expenses. [The average cost of assisted living care in your area is [xxxx] per [day/month].] **[More>>**

As a rule of thumb choose a [Daily/Monthly] Benefit that comes close to covering today's cost for a [day/month] of care in the [Richmond] area. View the Cost of Care map >>] *(Note to reviewer: underlined links to cost of care map. See Slide 18)*

#### 6.2.1.1. [How much does care cost in my area?

The cost of care you receive not only depends on where you live, but also on the type of care you receive. To find the cost of home or community care, assisted living and nursing home care in your area, use our Cost of Care map. *(Note to reviewer: underlined links to cost of care map. See Slide 18)*

#### 6.2.1.2. [What is the cost of waiting?

*(Note to reviewer: see Slide 21)*

What is the cost of waiting?

People often think they can wait until they are older to buy Long Term Care Insurance. But considering coverage earlier has advantages.

Why now?

- ☐ Monthly premiums are lower when you're younger
- ☐ A future medical condition won't keep you from getting insurance

##### 6.2.1.2.1. Monthly Costs, [Daily/Monthly] Benefit, Total Coverage

*(Note to reviewer: Amounts are populated from the selections shown Your Plan screen.)*

##### 6.2.1.2.2. If you wait....

Column 1: 5 Years, 10 Years, 15 Years, 20 Years , 25 Years – depending on age of individual running the quote.

Column 2: Populated with premium for the same coverage, based on the date of birth indicated on the Get a Quote screen and the benefit selection shown on the Customize Plan screen.

6.2.1.2.3. Premiums shown for future purchases are taken from current rate tables for older ages. These premiums are not guaranteed and the insurer has the right to change rates in the future. ]

## 6.2.2. Total Coverage

*(Note to reviewer: See Slide 20)*

The total pool of money available to pay covered expenses for the lifetime of your coverage. [ **More>>** As a rule of thumb, choose a Total Coverage amount that will provide for at least three years of assisted living or home care in your area.]

### 6.2.2.1. [How much Total Coverage do I need?

Everyone's needs are different, but when making this choice consider a plan that will be sufficient to cover three years worth of long term care expenses. However, you should also think about things like your own family health history, which might guide you to an option that will allow for care for a longer period.]

### 6.2.2.2. [What if I invested instead of buying insurance?

*(Note to reviewer: see Slide 22)*

Why insure vs. invest? This graph helps you see how long it would take to save an amount equal to the Total Coverage from your Long Term Care Insurance plan. Select an expected after-tax investment return on the slider and see if saving on your own is a viable option to pay for the services you may need.

- You will be [XX] years old by the time you're able to save an amount equal to the Total Coverage you could have today with Long Term Care Insurance.

Total Coverage [\$XXXX]\*

Cost: [\$xx] per month

After-tax return: The annual investment return you expect to earn after deducting taxes. Choose from the options on the slider.

\*This amount does not account for any increases in Total Coverage that may result from your benefit increase options.]

## 6.2.3. Benefit Increase Options

*(Note to reviewer: See Slide 20)*

These options increase your [Daily/Monthly] Benefit and Total Coverage over time, helping you keep up with future rising costs of care. [ **More>>** [Buy More Coverage Over Time is automatically included in your plan.] Automatic increase options are available at an additional cost. [Carefully review the "Automatic 5% Increase for Life - Compound" option. It offers the most comprehensive inflation protection. If you select another option, you will be asked to confirm that you have rejected the "Automatic 5% Increase for Life - Compound" option.] ]

### 6.2.3.1. [Buy More Coverage Over Time

You'll get the chance to increase your coverage every [two/three] years with no medical underwriting. The cost for the increase will be based on your age at that time.]

**6.2.3.2. [Automatic 5% Increase for Life - Compound]**

Your coverage amounts automatically increase by 5% compound each year. This coverage increase does not trigger a premium increase.]

**6.2.3.3. [Automatic 4% Increase for Life - Compound]**

Your coverage amounts automatically increase by 4% compound each year. This coverage increase does not trigger a premium increase.]

**6.2.3.4. [Automatic 3% Increase for Life - Compound]**

Your coverage amounts automatically increase by 3% compound each year. This coverage increase does not trigger a premium increase.]

**6.2.3.5. [Automatic 5% Increase for Life - Equal]**

Your coverage amounts automatically increase by 5% simple each year. This coverage increase does not trigger a premium increase.]

**6.2.3.6. [Automatic 5% Increase for Life - Age Adjusted]**

Your coverage amounts automatically increase 5% compound every year up to age 66, then 5% simple thereafter. This coverage increase does not trigger a premium increase.]

**6.2.3.7. [Automatic 5% Increase for Life - Graded]**

Your coverage amounts automatically increase every year, but the % declines as you get older: 5% while age 60 or younger; 3% up to age 76; 2% thereafter. This coverage increase does not trigger a premium increase.]

**6.2.4. [Which Benefit Increase Option is right for me?]**

*(Note to reviewer: see Slide 23)*

**How will my coverage grow?** This graph shows how your Total Coverage will grow over time depending on the option you select.

This graph uses the [2008] Genworth Financial Annual Cost of Care Survey. It assumes the cost of care in [State] will increase by [5%] annually. For the "Buy More Coverage Over Time" option, this graph assumes that you elect to purchase more coverage every [6] years.

**How much will my coverage cost?** This graph shows your annual cost of coverage depending on the option you select. ]

**6.2.5. [Waiting Period.]** The period you must wait before benefits can be paid.

Also known as an elimination period. **[More>>** A longer waiting period may be for you if you want to keep your premiums more affordable, and don't mind paying for care out-of-pocket until benefits begin. A shorter waiting period will increase your premium, but will minimize your out-of-pocket expenses.]]

### 6.3. [B/C]: [Plan Features/Additional Options/Plan Options]

(Note to reviewer: See Slide 24)

[Your plan includes the following benefits:]

[Choose from the additional options below to further customize your plan:]

#### 6.3.1. [Couples discount.

You and your partner may be eligible for a premium discount if you both apply.

[More>> When both you and your partner apply for coverage together, a premium discount may apply: [[x]% if both are eligible to apply.] [40% if both are issued, 25% if both are eligible to apply and only one is issued.]]

6.3.2. [Preferred Health discount. You may qualify for a discount if you are in good health. [More>> If you are in good health, based on a review of your medical records, you'll receive a [x]% discount.]

6.3.3. [Return of Premium. Returns all or part of the premiums you've paid if you die. [More>> This may be for you if you worry about of paying premiums for a benefit you may not receive. It returns a [full] [or] [graded] amount [, depending on the option you select]. ]

6.3.4. [Non-Forfeiture Benefit. Enables you to keep some coverage if you stop paying premiums. [More>> This may be for you if you want to retain at least some of your coverage if you stop making premium payments after three years.]]

6.3.5. [Shared Coverage. Allows you and your partner to draw from each other's Total Coverage. [More>> This may be for you if both you and your partner are buying the same coverage and want a larger pool of money for either one of you to use.]]

6.3.6. [Shared Coverage with Joint Waiver. Allows you and your partner to draw from each other's Total Coverage and waives premiums. [ More>> This may be for you if both you and your partner are buying the same coverage and want a larger pool of money for either one of you to use. Neither of you will pay premiums if one of you qualifies for waiver.]]

6.3.7. [Joint Coverage. Allows you and your partner to draw from each other's Total Coverage and waives premiums. [ More>> This may be for you if both you and your partner are buying the same coverage and want a larger pool of money for either one of you to use. Neither of you will pay premiums if one of you qualifies for waiver.]]

6.3.8. [Survivorship. For insured couples, waives premium for the surviving partner if one of you dies. [More>> This may be for you if you want to make sure your partner doesn't have to pay premiums after you die. Coverage for both you and

your partner must include the same survivorship benefit and must have been active for [7] [or] [10] years [, depending on which option you select].]

6.3.9. **[Restoration of Benefits.** Restores your Total Coverage if you recover after being on claim. **[More>>** This may be for you if you want the option of re-building your Total Coverage.])

6.3.10. **[Home Care Right Away.** Allows you to receive home and community care benefits with no waiting period. **[ More>>** This may be for you if you want to avoid paying expenses for home and community care during the waiting period and don't mind paying a higher premium to get this benefit.])

6.3.11. **[Transition Benefit.** Pays a one time cash benefit while you are satisfying your waiting period. **[More>>** This may be for you if you want help offsetting the costs of qualified services received during the waiting period.])

6.3.12. **[Home and Community Care %.** The amount of your [Daily/Monthly Benefit that can be used toward home and community care expenses. **[More>>** Customize the % of your [Daily/Monthly] Benefit to suit your needs and budget. Use the cost of care in your area as a guide.])

6.3.13. **[Assisted Living %.** The amount of your [Daily/Monthly] Benefit that can be used toward assisted living expenses. **[More>>** Customize the % of your [Daily/Monthly] Benefit to suit your needs and budget. Use the cost of care in your area as a guide. ])

6.3.14. **[Informal Care.** You can receive reimbursement for help provided by a friend or family member. **[More>>** This may be for you if the caregiving family member did not live with you when you became claim eligible.])

6.3.15. **[Accelerated Premium Payments.** You can pay up your coverage earlier by paying a larger premium. **[More>>** This may be for you if you have the resources and desire to pay for your coverage on an accelerated basis instead of paying over your lifetime.])

6.3.16. **[Payment Frequency.** You can receive a discount by scheduling payments less frequently. Note that with the monthly option, automatic draft of your checking account is required. **[More>>** This may be for you if you would like to reduce your overall cost by paying for coverage on a less frequent basis.])

6.3.17. **[Limited Assisted Living Facility.** Reduces your cost by excluding assisted-living rent charges. **[More>>** This may be for you if you want to minimize your premiums and expect to pay for rent on your own.])



6.3.18. **[Deductible]**. Reduces your premiums by applying a deductible. **[More>>**  
This may be for you if you want to reduce your premiums by agreeing to pay your  
initial expenses out-of-pocket when you go on claim.]]

6.3.19. **[Coverage %]**. The percentage of your [Daily/Monthly] Benefit the plan will  
pay for covered services. **[More>>** A reduced coverage amount may be for you if  
you want to reduce your premium by agreeing to pay a portion of your expenses out-  
of-pocket.] ]

6.3.20. **[Waiting Period]**. The period you must wait before benefits can be paid. Also  
known as an elimination period. **[More>>** A longer waiting period may be for you if  
you want to keep your premiums more affordable, and don't mind paying for care  
out-of-pocket until benefits begin. A shorter waiting period will increase your  
premium, but will minimize your out-of-pocket expenses.]]

## 7.0 RIGHT NAVIGATION LINKS (Appear for Steps 2 - 4)

### 7.1. Compare Plans>> (Note to reviewer: See Slide 25)

7.1.1. **Cost per month**: The amount you will pay (also referred to as your  
“premium”) for Long Term Care Insurance.

7.1.2. **[Daily/Monthly] Benefit**: The maximum your plan will pay each [day/month]  
for covered expenses. [The average cost of assisted living care in your area is [xxx]  
per [day/month].

7.1.3. **Total Coverage**: The total pool of money available to pay covered services  
for the lifetime of your coverage.

7.1.4. **Home & Community Care %**: The amount of your [Daily/Monthly] Benefit  
that can be used toward home and community care expenses.

7.1.5. **[Assisted Living Care %]**: The amount of your [Daily/Monthly] Benefit that  
can be used toward assisted living expenses]

7.1.6. **Benefit Increase Option**: These options increase your [Daily/Monthly]  
Benefit and Total Coverage over time, helping you keep up with future rising costs of  
care.

7.1.7. **Waiting Period**: The period you must wait before benefits can be paid. Also  
known as an elimination period.

---

7.1.8. **[Informal Care:** You can receive reimbursement for help provided by a friend or family member.]

7.1.9. **[Return of Premium:** Returns all or part of the premiums you've paid if you die.]

7.1.10. **[Non-Forfeiture:** Enables you to keep some coverage if you stop paying premiums after 3 years.]

7.1.11. **[Shared Coverage.** Allows you and your partner to draw from each other's Total Coverage]

7.1.12. **[Shared Coverage with Joint Waiver.** Allows you and your partner to draw from each other's Total Coverage and waives premiums.]

7.1.13. **[Joint Coverage.** Allows you and your partner to draw from each other's Total Coverage and waives premiums.]

7.1.14. **[Survivorship.** For insured couples, waives premium for the surviving partner if one of you dies.]

7.1.15. **[Restoration of Benefits.** Restores your Total Coverage if you recover after being on claim. ]

7.1.16. **[Home Care Right Away.** Allows you to receive home and community care benefits with no waiting period.]

7.1.17. **[Transition Benefit.** Pays a one time cash benefit while you are satisfying your waiting period.]

7.1.18. **[Limited Assisted Living Facility.** Reduces your cost by excluding assisted-living rent charges. ]

7.1.19. **[Deductible.** Reduces your premiums by applying a deductible. ]

7.1.20. **[Coverage %.** Reduces your cost by allowing you to pay the first [20]% of covered services and the plan pays [80]%.

7.2. **print or email plan summary>>**  
(Note to reviewer: see Slide 26)

**Plan summary**

Base Plan Premium

[\$XX]

[Rider name]

+\$[xx]

[Rider name]

+\$[xx]

[Your Group's Contribution

-\$[xx]

---

[Other Discounts] **[-\$xx]**

Your Annual Cost [to age 65/for 10 years] **[\$XXX]**

**[Your [Monthly] Cost [Every 3 months/Every 6 months] [\$XX]]**

Your plan includes:

**7.2.1. [Daily/Monthly] Benefit:** **[\$x,xxx]**

The maximum your plan will pay each [day/month] for covered expenses. [The average cost of assisted living care in your area is [xxxx] per [day/month].]

**7.2.2. Total Coverage:** **[\$xxx,xxx]**

The total pool of money available to pay covered expenses for the lifetime of your coverage.

**7.2.3. [Benefit Increase Option: Buy more coverage over time]**

You'll get the chance to increase your coverage every [two/three] years with no medical underwriting. The cost for the increase will be based on your age at that time. [This feature is automatically included in the plan you select.]

**7.2.4. [Benefit Increase Option: Automatic 3% Increase for Life – Compound]**

Your coverage amounts automatically increase by 3% compound each year. This coverage increase does not trigger a premium increase.]

**7.2.5. [Benefit Increase Option: Automatic 4% Increase for Life – Compound]**

Your coverage amounts automatically increase by 4% compound each year. This coverage increase does not trigger a premium increase.]

**7.2.6. [Benefit Increase Option: Automatic 5% Increase for Life - Compound]**

Your coverage amounts automatically increase by 5% compound each year. This coverage increase does not trigger a premium increase.]

**7.2.7. [Benefit Increase Option: Automatic 5% Increase for Life - Equal]**

Your coverage amounts automatically increase by 5% simple each year. This coverage increase does not trigger a premium increase.]

**7.2.8. [Benefit Increase Option: Automatic 5% Increase for Life – Age Adjusted]**

Your coverage amounts automatically increase 5% compound every year up to age 66, then 5% simple thereafter. This coverage increase does not trigger a premium increase.]

**7.2.9. [Benefit Increase Option: [Automatic Increase for Life – Graded]**

Your coverage amounts automatically increase every year, but the percentage declines as you get older: 5% while age 60 or younger; 3% up to age 76; 2% thereafter. This coverage increase does not trigger a premium increase.]

**7.2.10. Home & Community Care %:** [xx%] of [Daily/Monthly] Benefit

The amount of your [Daily/Monthly] Benefit that can be used toward home and community care expenses.

**7.2.11. [Assisted Living Care Maximum:** [xx%] of [Daily/Monthly] Benefit

The amount of your [Daily/Monthly] Benefit that can be used toward assisted living expenses.]

**7.2.12. Waiting Period** [30,60,90,180 days]

The period you must wait before benefits can be paid. Also known as an elimination period.

**7.2.13. [Informal Care:** Included

You can receive reimbursement for help provided by a friend or family member.]

**7.2.14. [Return of Premium:** [Graded] [ Full]

Returns all or part of the premiums you've paid if you die.]

**7.2.15. [Non-Forfeiture Benefit:** Included

Enables you to keep some coverage if you stop paying premiums after three years]

**7.2.16. [Shared Coverage.** Included

Allows you and your partner to draw from each other's Total Coverage]

**7.2.17. [Shared Coverage with Joint Waiver.** Included

Allows you and your partner to draw from each other's Total Coverage and waives premiums.]

**7.2.18. [Joint Coverage.** Included

Allows you and your partner to draw from each other's Total Coverage and waives premiums.]

**7.2.19. [Survivorship.** [7 year] [10 year]

For insured couples, waives premium for the surviving partner if one of you dies.]

**7.2.20. [Restoration of Benefits.** Included

Restores your Total Coverage if you recover after being on claim.]

**7.2.21. [Home Care Right Away.** Included

Allows you to receive home and community care benefits with no waiting period.]

**7.2.22. [Transition Benefit.** Included

Pays a one time cash benefit while you are satisfying your waiting period.]

**7.2.23. [Limited Assisted Living Facility. Included**  
Reduces your cost by excluding assisted-living rent charges. ]

**7.2.24. [Deductible. Included**  
Reduces your premiums by applying a deductible.

**7.2.25. [Coverage %. [80%]**  
The percentage of your [Daily/Monthly] Benefit the plan will pay for covered services.]

7.2.26. Your plan also includes a Home Assistance Benefit, International Coverage, Waiver of Premium, Hospice and Respite Care, Care Coordination, Bed Reservation, and Alternate Care. It is subject to the exclusions and limitations shown in the Plans section of the Learning Center.

**7.2.27. [Apply by [end initial enrollment date] and receive [guaranteed coverage/streamlined underwriting].]**

7.2.28. This quote is based on your age of [xx] as of [XX/XX/XXXX]. Premiums are not guaranteed. It is for illustrative purposes only and may be subject to underwriting approval. [(If you've recently had a birthday, you may benefit from our 30-day look-back period.)]

7.2.29. [If you meet certain underwriting requirements, you can receive a preferred health discount on your premium for the life of your coverage. In your online application, your premium will not reflect the preferred health discount. If approved, the discount will be reflected in your final certificate documentation.]

**7.3. [View your group's contribution>>]**  
(Note to reviewer: See Slide 26)

[Group Name] realizes the importance of Long Term Care Insurance to help protect your hard earned savings and prepare for long term care needs. To help you build a personalized Long Term Care Insurance plan, they are contributing [\$xx] to help pay for your plan.]

[Group Name] realizes the importance of Long Term Care Insurance to help protect your hard earned savings and prepare for long term care needs. With that in mind, they are contributing funds to provide a [Daily/Monthly] Benefit of [\$XXXX] and Total Coverage of [\$YYY,YYY]. You will automatically receive this benefit. However, if you would prefer to increase your coverage, consider the plan that has been pre-selected or adjust the benefits sliders to pick another option. [Group Name]'s contribution will be applied to reduce your premium for the option you select.]

## 8.0 [Step 3: Your Partner's Plan]

*(Note to reviewer: all content under this tab will be the same as content under Step 2 (see Section 5 - 7 above). This provides opportunity for spouse to apply online at the same time as employee/member. Step 3 will ONLY appear as "Your Partner's Plan" if user indicated both members of a couple were applying together online in Step 1. Otherwise, Step 3 would become "Apply".)*

## 9.0 Step [3/4]: Apply

*(Note to reviewer: See Slide 27. If site detects user is using a Firefox browser, they will receive the following message: [To begin the online application, please log into the website using a Microsoft Internet Explorer browser. The online application may not function properly with the browser you're currently using.]*

### 9.1. Start the application process by creating an account

[To return to an in-progress application at a later date, you will need to create login credentials for yourself.]

[Confirm membership]

### 9.2. [Before You Apply]

**[Your account has been created and an electronic signature code has been emailed to the address you provided.]** You should receive your e-Signature in a few minutes. You don't have to wait for the email to arrive - you can start your application now. To submit your completed application electronically, enter the e-Signature you receive. If you prefer paper, you may complete the application online, then print, sign and mail the forms. It's your choice.]

[To start your application with the plan features and choices you saved earlier, click below. To submit your completed application electronically, enter your e-Signature. If you prefer paper, you may complete the application online, then print, sign and mail the forms. It's your choice.]

If needed, your e-Signature can be sent again to the email address associated with your account.

### 9.3. [Welcome Back, [user name]]

**We've saved your coverage preferences from your last visit.**

To continue your application with the plan features and choices you made during your last visit, click below. If you want to explore a little more, visit the Learning Center above or click "Get a New Quote" and save your new plan features before completing the application. Please note that if you've had a birthday since your last visit, the cost for your coverage may have changed.]

### 9.4. Request an enrollment kit (link)

*(Note to reviewer: See slide 28)*

To have information on your group plan mailed to you, please complete the fields below:



*After clicking on submit, confirm will read: "Your request has been received. You can expect to receive your information kit (including and application) in 10 days."*

**9.5. Download an application (link)**

*(Note to reviewer: See slide 29)*

Was the eligible employee hired before [xx/xx/xxxx] Yes or No

Please review the following and indicate your consent below. To review the documents, download and install the free Adobe Reader. *(Note to reviewer: Links to download Adobe reader so they can view PDFs.)*

Outline of Coverage (PDF)

Potential Rate Increase Disclosure (PDF)

Personal Worksheet (PDF)

Things You Should Know (PDF)

Shoppers Guide to Long Term Care Insurance (PDF)

- ☒ I have reviewed the important documents above. *(Note to reviewer: if user tries to proceed without checking this box they will receive the following error message)*  
Please open and review each of the documents before proceeding.

## 10.0 Header & Footer Navigation

*(Note to reviewer: See Slide 30)*

10.1. **[Group Name] [Visit [Group Name]'s website].**

10.2. **About Genworth**

### **About Genworth**

*(Note to reviewer: See Slide 31)*

Genworth Financial helps millions of people around the world achieve their dreams—of homeownership, financial independence, a comfortable retirement and protection for their loved ones. We're a global financial security company dedicated to providing confidence and financial peace of mind today, while helping protect against life's uncertainties.

#### **Trusted Solutions**

Working with our distribution partners, we provide financial solutions that help people at key stages of their lives. We want to help people achieve homeownership through the use of mortgage insurance; create life security by providing life insurance, payment protection coverage and wellness programs; build savings and wealth through our wealth management offerings and financial advisory services; and establish retirement security through retirement income products and long term care insurance.

#### **Strong Foundation**

Genworth Financial's heritage goes back to 1871 when The Life Insurance Company of Virginia wrote its first policy. For more than 135 years, we've built an extensive family of financially solid, well-respected insurance companies and distribution partnerships around the globe. We are a publicly traded company with more than [\$114 billion in assets and a presence in more than 25 countries around the world<sup>1</sup>]. [As of [2008], we are [a component of Standard & Poor's 500 Index of Leading U.S. companies] [and are] [ranked in the Fortune 500].]

Our current long term care insurance companies, Genworth Life Insurance Company for all states other than New York, and Genworth Life Insurance Company of New York in New York, continue in this tradition. Genworth Life Insurance Company underwrites your group long term care insurance program and is solely responsible for the financial obligations of the insurance offered on this website.

#### **Deep Distribution Network**

We have an extensive, multi-channel distribution network that gives customers access to our products through banks, brokers and other financial institutions, as well as independent producers and advisors. Because we want to be the financial security company that distributors prefer to do business with over others, we are committed to delivering innovative solutions with product, education, service, technology and ease of service components that help our distribution partners grow.

#### **Dedicated People**

We are proud of our more than 7,000 employees, whose diverse talents and focused commitment to our purpose enable us to make possible the dreams of millions of people around the world. With local knowledge supported by global expertise, our employees bring a special knowledge of what's important to meet our customers' needs. And their passion to make a difference inspires us to get involved with the communities in which we live and work—from volunteering with local children's programs to finding ways to improve the environment. That's why we work hard to support our employees, fostering a motivating, challenging and dynamic environment that promotes having a little fun every day. Our employees make a difference in people's lives, so we want to make a difference in theirs.

<sup>1</sup> As of [December 31, 2007]

### 10.3. **Contact Us**

*(Note to reviewer: See Slide 32)*

#### Contact Us

Your question will be answered within 2 working days. Queries requiring extensive research may take longer and will be answered as soon as possible.

If you prefer to contact us by phone, please call toll free [Monday – Friday, [x] a.m. to [x] p.m., Eastern, at [xxx.xxx.xxx].

### 10.4. **Privacy**

*(Note to reviewer: Links to content at [www.genworth.com](http://www.genworth.com): [Genworth Financial - USA - Privacy Policy](#))*

### 10.5. **Disclosures**

*(Note to reviewer: See Slide 33)*

#### Disclosures

The plan selections and features described on this website are offered under the [ABC Company] Group Long Term Care Insurance Program. This material is a solicitation for insurance, and contains only a summary of coverage; the group policy terms and provisions will prevail. Be sure to review the Outline of Coverage for definitions and additional details of this insurance program, its features and limitations, including any state variations.

[To be eligible, you must be [an/a] [actively-at-work,] [full-time/part-time] [employee/member in good standing] and at least 18 years old. [[Retirees and] [F/f]amily members must be between the ages of [18] and [80]. Eligible family members include:

- ☐ [Your spouse (includes a person to whom you are joined by marriage or a legal relationship recognized by state law)] [or domestic partner]
- ☐ [Your parents and parents-in-laws]
- ☐ [Your stepparents and step parents-in-law]
- ☐ [Your grandparents and grandparents-in-law]
- ☐ [Your step-grandparents and step grandparents-in-law]

- ☐ [Your adult children]
- ☐ [Your siblings]

All eligible persons must maintain a permanent US residence, and have an active U.S. Social Security or Tax Identification number.]

[Eligible persons include AARP members and their spouses (or domestic partners) ages 18 - 79 who maintain a permanent U.S. residence and have an active Social Security or U.S. Tax Identification Number. Spouse includes a person to whom you are joined by marriage or a legal relationship recognized by state law.]

All applications are subject to the underwriting requirements of Genworth Life Insurance Company.

[The Group Policy is intended to be a federally tax qualified Long Term Care Insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986 (as amended by the Health Insurance Portability and Accountability Act of 1996 - Public Law 104-191).]

Insurance is available to eligible persons under Policy Number [999999] issued to the Group Policyholder on policy form [series 7046/7050 POL; 7046/7050CERT]. [Due to state variations, the actual form numbers may vary, and can include a state specific abbreviation. Examples include the following:

Insert state specific forms here. For example:  
[Delaware, 70XXPOL and 70XXCERT-DE, et al]

## 10.6. Terms of Use

*(Note to reviewer: Links to content at [www.genworth.com](http://www.genworth.com): [Genworth Financial - USA - Terms of Use](#))*

## 10.7. Information Safety

*(Note to reviewer: See Slide 34)*

### Our Security Procedures

We understand the security of your personal information is of the utmost importance. To assist us in offering an enrollment process in a secure manner, we employ different technology controls. These controls allow us to properly authenticate your identity when you access this website and protect your personal information.

For example, this site requires the use of secure browsers to protect your information. Secure browsers allow you to communicate with our Web site in a protected session by encrypting information that flows between you and the site. To verify that your session is secure, look for https: instead of http: in the URL address line, and a secure symbol (for example, closed padlock or key) on the status bar of your browser located on the lower part of the screen.

We use encryption and authentication tools to protect information we gather on our website. E-mail communications outside of our website, however, may not be protected.

If you are sending us an e-mail communication that includes highly confidential information, such as a credit card number, you may want to call us or send it by regular mail.

We maintain other physical, electronic, and procedural protections in accordance with applicable standards to protect personal information. We restrict access to personal information to employees and service providers for legitimate business purposes to assist in providing products or services to you. Employees and service providers who violate our Privacy Policy are subject to disciplinary action.

## 11.0 Login Pop-Up

*(Note to reviewer: appears after entering login info for AARP only)*

[AARP Health is a collection of health-related products, services and insurance programs available to AARP members. Neither AARP nor its affiliates are the insurer. AARP contracts with insurers to make coverage available to AARP members. Insurers and providers pay a fee to AARP and its affiliate to use the AARP trademark and other services. Amounts paid are used for the general purposes of AARP and its members. Additionally, AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse individual agents.

AARP does not make long term care insurance plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a long term care insurance plan.

This Long Term Care Insurance program is underwritten by Genworth Life Insurance Company.]

*SERFF Tracking Number:*      *LTCG-126245895*

*State:*      *Arkansas*

*Filing Company:*      *Genworth Life Insurance Company*

*State Tracking Number:*      *43066*

*Company Tracking Number:*

*TOI:*      *LTC03G Group Long Term Care*

*Sub-TOI:*      *LTC03G.001 Qualified*

*Product Name:*      *Genworth Group Long Term Care Insurance*

*Project Name/Number:*      *7050 Policy Website Filing/*

## **Rate Information**

Rate data does NOT apply to filing.



SERFF Tracking Number: LTCG-126245895 State: Arkansas  
Filing Company: Genworth Life Insurance Company State Tracking Number: 43066  
Company Tracking Number:  
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
Product Name: Genworth Group Long Term Care Insurance  
Project Name/Number: 7050 Policy Website Filing/

## Supporting Document Schedules

	Review Status:	
<b>Satisfied -Name:</b> Third Party Filing Authorization	Filed	08/03/2009
<b>Comments:</b>		
<b>Attachment:</b>		
GNW Authorization LTCG Ad File-SIGNED.pdf		

	Review Status:	
<b>Satisfied -Name:</b> Cover Letter	Filed	08/03/2009
<b>Comments:</b>		
<b>Attachment:</b>		
AR 7050 Policy Website Filing -Submission letter.pdf		

	Review Status:	
<b>Satisfied -Name:</b> Explanation of Variability	Filed	08/03/2009
<b>Comments:</b>		
<b>Attachment:</b>		
48217 EOVS 5.0 Website FILE.pdf		

	Review Status:	
<b>Satisfied -Name:</b> Video Script	Filed	08/03/2009
<b>Comments:</b>		
<b>Attachment:</b>		
Video Script Final Filing 06-26-08.pdf		



6620 West Broad Street  
Building 4  
Richmond, VA 23230  
[www.genworth.com](http://www.genworth.com)

July 1, 2009

RE: GENWORTH LIFE INSURANCE COMPANY  
NAIC# 70025  
Authorization for Filing

Dear Commissioner:

Genworth Life Insurance Company again authorized Long Term Care Group, Incorporated (LTCG) to submit Group Long Term Care Insurance filings to state insurance departments on its behalf, effective March 2009.

A handwritten signature in cursive script, appearing to read "Paul J. Loveland".

Paul J. Loveland  
Vice President  
Genworth Life Insurance Company



*Long Term Care Group, Inc.*

July 28, 2009

Arkansas Department of Insurance  
Advertising Unit

ATTN: Advertising Review

**Re: ADVERTISING FILING: ACCIDENT AND HEALTH INSURANCE  
GENWORTH LIFE INSURANCE COMPANY: NAIC# 70025  
Group Long Term Care Insurance Website, Form Number 48217**

***Submitted via SERFF***

Dear Sir or Madam,

On behalf of Genworth Life Insurance Company, we at Long Term Care Group, Inc. (LTCG) submit, for the Department's approval, documentation of our group website, form 48217. A letter from Genworth Life authorizing LTCG to file on its behalf is included in the filing.

This website will be used for Genworth Life's group long term care insurance product under policy form series 7050. The Arkansas Department of Insurance approved this product series on September 11, 2008 under Filing ID Number GEFA-125754849. Please note that this is new material and will not replace any advertisements previously filed by Genworth Life Insurance Company.

This website is intended for use by eligible persons under Genworth's issued group contracts. Variables in the material account for case specific information and plan design, and are bracketed. The Explanation of Variability Matrix describes the intent of the variable material.

The submission includes all the elements that will be used on the website.

- Screenshots of the website (48217) screens, indicating the language from the Copy Deck that will be used. Because of the size of the power point file, the Screenshots are broken into 3 files: Part 1 which covers the Learning Center and Announcements, Part 2 which covers the web pages used in the "Your Quote" section of the website, and Part 3 which shows the screens used to request a kit and Apply.
- Copy Deck (48217 CD), containing the text that will appear as the various screens are clicked and viewed. References on the various screenshots indicate how the text will appear.
- Explanation of Variability Matrix (48217EOV) that includes variable material and how it will be used, in conjunction with the Copy Deck. As in the past, we use the three types of variables to indicate how the variables are used.
  - Type 1 is case specific information.
  - Type 2 is material that is in or out depending on the case specific requirements.
  - Type 3 has substitute language, depending on the case specific requirements.

The website also includes videos previously approved on May 27, 2009 by the Department under form 45330VS that will be shown when an individual clicks on the Video link in the upper right quadrant of the Learning Center. The script is also enclosed.

We'd like to bring to your attention that on May 27, 2009, the Arkansas Department of Insurance approved a similar website (forms 45330 CD, 45330VS and 45330EOV) to support its group long term care insurance product under policy form series 7046. The advertising material currently being submitted is similar, and a high level summary of the differences from the 45330 website is provided below to help facilitate your review.

- **Display changes.**

For 48217, Genworth redesigned the screens so that the user could view the Learning Center and Get a Quote sections as independent full screens ("Get a Quote" is now an action button on the Learning Center Screen and "Return to Learning Center" is now an action button on the quote screens). With the 45330 website, both the Learning Center and Get a Quote portions of the filing are presented to the user on the same screen.

In addition, new navigational tabs and links were created to make the user experience more intuitive and allow for the expansion of additional feature offerings.

- **Content changes.**

The textual description of the provisions and the availability of additional benefits under policy form series 7050 required changes in the language and quoting capabilities.

Therefore, the new filing details language consistent with the 7050 policy form provisions in both the Learning Center screens and the Get a Quote screens. As with form 45330, only the features and benefits selected by the group will display on the screens for the user to see and/or select.

We hope you find this submission satisfactory and look forward to your response. If helpful to the Department's review, Kathy Hamby, Genworth's Group Compliance Leader, is available to you to address any issues as they are identified. Thank you for your time and consideration of our request.

We trust that you will find our filing to be in order and hope that you will grant your Department's approval to this submission. If you have any questions, please feel free to contact me at 508-651-8800 or tcassidy@LTCG.com. My fax number is 508-651-8804.

Sincerely,

A handwritten signature in blue ink, appearing to read "Timothy P. Cassidy", with a stylized flourish at the end.

Timothy P. Cassidy  
Compliance Manager

Genworth Life Insurance Company  
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This is the <b>Explanation of Variables</b> for the Copy Deck for 5.0 Website Form 48217				
Location		Variable Text [***]	Explanation	Var Type
ABOUT LTC TAB				
Learning Center	About LTC Tab 1.2.2	[You may even be covered for some care you get from neighbors and friends.]	Will only appear if group is to offer formal home care (informal stand alone benefit is an employee option)	2
Learning Center	About LTC Tab 1.3.1	[Research shows 7 in 10 people age 65 or older will need long term care services at some point in their lifetimes1. Not surprising when you think about it. But you should also give some thought to this: 40% of people receiving long term care are between 18 and 64 years old]2 .  [1. Kemper, Komisar and Alecxih 2005/2006: "Long-Term Care Over an Uncertain future: What Can Current Retirees Expect?"; Health Policy Institute, Georgetown University.] [2. National Clearinghouse Long Term Care Information- "Own Your Future" website. U.S. Department of Health and Human Services, November 2007.]	Will update statistics and corresponding sources annually.	3
Learning Center	About LTC Tab 1.3.4	But if you plan to use this money to pay for long term care, it's worth noting that, nationally, nursing home care costs on average [\$76,000] a year, and even home care averages more than [\$43,000] a year3.  [3.Genworth Financial Cost of Care Survey. Conducted by CareScout [April 2008]. Assumes nursing home care is within a [semi-private/private roomfacility] and home care is [Medicare certified] for an average of [44] hours per week.]	Will update statistics and corresponding sources annually.	3
Learning Center	About LTC Tab 1.3.5	<b>Insurance is too expensive.</b> Long Term Care insurance is built for flexibility in cost as well as coverage. [And, because your plan is paid for by your employer, you aren't responsible for any of the cost.] [You choose your [Plan Design,] [Daily/Monthly] Benefit amount, your Total Coverage amount, and other optional benefits. These choices let you put together a plan that will help meet your needs and fit your budget.	Insert statement about employer paid for core cases only. Insert [Care Option] for AARP only. Insert either [Daily] or [Monthly] depending on plan type selected by employer	2, 3
Learning Center	About LTC Tab 1.4.1	As a long-time leader in the Long Term Care Insurance market4, Genworth Life offers experience and stability, commitment, and strength. [4. Individual Long Term Care Insurance, [2006] Sales and In-Force, LIMRA International.]	Will update statistics and corresponding sources annually.	3
Learning Center	About LTC Tab 1.4.2	This company is the [#1/a leading] provider of Individual Long Term Care Insurance4. They provide Long Term Care Insurance to more than [1 million] people and have paid out over \$[4] billion in claims since 1974 - that's more than any other provider5. [4. Individual Long Term Care Insurance, 2006 Sales and In-Force, LIMRA International.] [5. Genworth Life Insurance Company, business operations information; 12/1974 through [12/31/2007].]	Will update statistics and corresponding sources annually.	3
Learning Center	About LTC Tab 1.4.3	For example, in 2007 it was selected by AARP as the exclusive Long Term Care Insurance provider for over [39] million members. The company also has a strategic alliance with the Alzheimer's Association [and is the national sponsor of the Memory Walk].	Will update statistics and promotion of sponsorships annually	3
Learning Center	About LTC Tab 1.4.4	The Genworth Financial family of companies serve the lifestyle protection, retirement income, investment and mortgage insurance needs of more than [15 million] customers with operations in [24] countries	Will update statistics annually.	3
PLANS TAB				

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Learning Center	Plans Tab 2.1	<p><b>[What does my plan include?]</b></p> <p>There are three main features of your employer sponsored plan:</p> <ol style="list-style-type: none"> <li>1. The [Daily/Monthly] Benefit: The maximum amount the plan will pay for covered services each [day/month].</li> <li>2. The Total Coverage Amount: The total amount the plan will pay for covered services over the lifetime of the coverage.</li> <li>3. The Benefit Increase Option: The cost of long term care services is likely to increase. [Your Benefit Increase Option, "Buy More Coverage Over Time," gives you the option to purchase additional coverage to help keep pace with these rising costs. Every [two/three] years, you'll receive an offer to purchase additional coverage.] [The Benefit Increase Option included in your plan will increase your Total Coverage every year. Your quote has more details.]</li> </ol> <p>For a comprehensive description of what your plan includes, please review your plan's detailed information.]</p>	<p>This section appears for core only cases where there are no employee choices for coverage.</p> <p>Insert either [Daily] or [Monthly] and [day] or [month] depending on plan type</p> <p>Insert every [two/three] depending on plan details</p>	2, 1
Learning Center	Plans Tab 2.2	<p><b>[How do I choose my coverage?]</b></p> <p>This Long Term Care Insurance Program is flexible, which means you can design a plan that fits your needs. There are a few optional features to consider, but three plan elements are the most important components of any Long Term Care Insurance plan:</p> <ol style="list-style-type: none"> <li>1. The [Daily/Monthly] Benefit: The maximum amount the plan will pay for covered services each [day/month].</li> <li>2. The Total Coverage Amount: The total amount the plan will pay for covered services over the lifetime of the coverage.</li> <li>3. The Benefit Increase Option: How your [Daily/Monthly] Benefit and Total Coverage levels can increase over time to keep up with the costs of care. [Some options are available for an additional cost.]</li> </ol> <p>You will get to make these choices when you get a quote, so read on to learn more about how you can select the coverage that's right for you.</p>	<p>This section appears for core buy up or voluntary cases where employees will have choices re: the details of their coverage.</p> <p>Insert either [Daily] or [Monthly] and [day] or [month] depending on plan type</p> <p>Insert [Some options are available for an additional cost] if automatic benefit increase options are also available to the group.</p>	2, 1
Learning Center	Plans Tab 2.2.2	<p><b>[How do I choose my coverage?]</b></p> <p>"My Future, My Plan" is designed exclusively for AARP members. To choose a plan that fits your lifestyle and budget, consider the following choices:</p> <ol style="list-style-type: none"> <li>1. The Plan Design: Packages that allow you to tailor a plan that fits your needs.</li> <li>2. The [Daily/Monthly] Benefit: The maximum amount the plan will pay for covered services each [day/month].</li> <li>3. The Total Coverage Amount: The total amount the plan will pay for covered services over the lifetime of the coverage.</li> <li>4. The Benefit Increase Option: How your [Daily/Monthly] Benefit and Total Coverage levels can increase over time to keep up with the costs of care. [Some options are available for an additional cost.]</li> </ol> <p>You will get to make these choices in the online quote tool, so read on to learn more about how you can select the coverage that's right for you.</p>	<p>This section appears for AARP cases only.</p> <p>Insert either [Daily] or [Monthly] and [day] or [month] depending on plan type</p> <p>Insert [Some options are available for an additional cost] if automatic benefit increase options are also available to the group.</p>	2, 1
Learning Center	Plans Tab 2.2.3	<p><b>[Your Plan Design. You can choose one of three options.]</b></p> <p>"My Choice Plan" is suited for the person who is risk averse and wants to have the most robust coverage.</p> <p>"My Select Plan" is suited for the individual who has local family support and a modest amount of assets.</p> <p>"My Base Plan" is suited for the individual looking for the most economical plan and who has already budgeted for some long term care costs.</p> <p>Get a quote to learn more about these options.]</p>	<p>This section appears for AARP cases only.</p>	2, 1



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Learning Center	Plans Tab 2.2.4	<b>Your [Daily/Monthly] Benefit</b> Your [Daily/Monthly] Benefit is the maximum...each [day/month] Choose a [Daily/Monthly] Benefit that will come close to covering...	Will not appear for core cases where employees do not have a choice about the details of their coverage.  Insert either [Daily] or [Monthly] and [day] or [month] depending on plan type	2, 1
Learning Center	Plans Tab 2.2.4	[Consider this: 3 out of 4 claims start with home care and nearly 70% continue with home care until the need is resolved.6] [6. Genworth Life Insurance Company, business operations information; 12/1974 through [12/31/2008].Internal Claims data.]	Will update statistics and sources annually.	3
Learning Center	Plans Tab 2.2.5	<b>[Your Total Coverage Amount.</b> Long Term Care Insurance provides a "pool of money" (your Total Coverage Amount) to pay for your long term care expenses over the lifetime of your plan. It will last until you use it up – as long as your coverage remains in effect. When you choose a Total Coverage Amount you should think about your needs, your family situation, your financial resources and your family health history to estimate how long you think you'll need this money to last.	Will not appear for core cases where employees do not have a choice about the details of their coverage.	2, 1
Learning Center	Plans Tab 2.2.5	[In 9 out of 10 cases, a 2005 actuarial study shows that long term care claims are lasting three years or less. 7]  [7. Long Term Care Claims, A Special Report, Milliman Consultants and Actuaries, April 2005]	Will update statistics and sources annually.	3
Learning Center	Plans Tab 2.3	<b>[How can I keep up with the rising costs of care?</b> There's flexibility to help you prepare for rising costs in a way that suits your budget. [The automatic increase options are available for an additional cost.]	Will not appear for core cases where employees do not have a choice about the details of their coverage.  Reference to automatic increase options will appear if such options are available to the group.	2, 1
Learning Center	Plans Tab 2.3.1	<b>[Buy more coverage over time</b> Every [two/three] years, you will be offered additional coverage [– as long as you're not in claims status]. If you accept the offer, both your [Daily/Monthly] Benefit and your Total Coverage Amount [(less any claims paid)] will increase by [3%/5%], compounded annually. [This feature is automatically included in the plan you select.]	Will appear if this option is available to the group.  Insert [two/three] and [3%/5%] based on what is available to the group.  Insert [–as long as your not in claims status] for FPO only. If GPO is available to the group, leave this phrase out.  Insert either [Daily] or [Monthly] depending on plan type.  Insert [This feature is automatically included...] only if this option is plan default (i.e., "NONE" is NOT an option)	2, 1
Learning Center	Plans Tab 2.3.2	<b>[Automatic 5% Increase for Life - Compound]</b> Your [Daily/Monthly] Benefit and Total Coverage Amount [(less any claims paid)] will automatically increase 5% compound every year.	Include if available to the group (Always included for Association Groups.)  Replace header and all supporting text for appropriate rider selected by group  Insert either [Daily] or [Monthly] depending on plan type.	2, 1
Learning Center	Plans Tab 2.3.2	You prefer your coverage to automatically increase each year – regardless of your health. You won't need to make purchase decisions every [two/three] years.	Insert [two/three] depending on plan type.	1

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Learning Center	Plans Tab 2.3.3	<b>[Automatic 4% Increase for Life - Compound.]</b> Your [Daily/Monthly Benefit] and Total Coverage Amount [(less any claims paid)] will automatically increase by 4% compound every year...	Replace header and all supporting text for appropriate rider selected by group  Insert either [Daily] or [Monthly] depending on plan type.  Insert [(less claims paid)] if claims offset depending on plan type.	2, 1
Learning Center	Plans Tab 2.3.3	You prefer your coverage to automatically increase each year – regardless of your health. You won't need to make purchase decisions every [two/three] years.	Insert [two/three] depending on plan type.	1
Learning Center	Plans Tab 2.3.3	[You prefer a more affordable compound option.]	Include this sentence if another compound option is available to the group.	1
Learning Center	Plans Tab 2.3.4	<b>[Automatic 3% Increase for Life - Compound]</b> Your [Daily/Monthly Benefit] and Total Coverage Amount [(less any claims paid)] will automatically increase 3% compound every year...	Replace header and all supporting text for appropriate rider selected by group  Insert either [Daily] or [Monthly] depending on plan type.  Insert [(less claims paid)] if claims offset depending on plan type.	2, 1
Learning Center	Plans Tab 2.3.4	You prefer your coverage to automatically increase each year – regardless of your health. You won't need to make purchase decisions every [two/three] years.	Insert [two/three] depending on plan type.	1
Learning Center	Plans Tab 2.3.4	[You prefer a more affordable compound option.]	Include this sentence if another compound option is available to the group.	1
Learning Center	Plans Tab 2.3.5	<b>[Automatic 5% Increase for Life - Equal]</b> Your [Daily/Monthly] Benefit and Total Coverage amount will automatically increase every year by 5% simple every year...	Replace header and all supporting text for appropriate rider selected by group  Insert either [Daily] or [Monthly] depending on plan type.	2, 1
Learning Center	Plans Tab 2.3.5	You prefer your coverage to automatically increase each year – regardless of your health. You won't need to make purchase decisions every [two/three] years.	Insert [two/three] depending on plan type.	1
Learning Center	Plans Tab 2.3.5	[You prefer a more affordable benefit increase option.]	Include this sentence if a compound and/or age adjusted option is available to the group.	2
Learning Center	Plans Tab 2.3.6	<b>[Automatic 5% Increase for Life - Age Adjusted]</b> Your [Daily/Monthly] Benefit and Total Coverage amount (less any claims paid) will automatically increase by 5%, compounding each year until you turn 66. Thereafter, your accumulated benefits will grow each year by 5% on a simple basis...	Replace header and all supporting text for appropriate rider selected by group  Insert either [Daily] or [Monthly] depending on plan type.	2, 1
Learning Center	Plans Tab 2.3.6	You prefer your coverage to automatically increase each year – regardless of your health. You won't need to make purchase decisions every [two/three] years.	Insert [two/three] depending on plan type.	1
Learning Center	Plans Tab 2.3.6	[In the early years, you want the strength of compounding with a lower cost than some other compound options; or, for the same cost, you'd like a higher benefit amount. ]	Include this sentence if a compound option is available to the group.	2
Learning Center	Plans Tab 2.3.6	[You prefer your benefits to increase more quickly. Over time, "simple" increase options grow more slowly than compound options.]	Include this sentence if other compound options are available to the group.	2

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Learning Center	Plans Tab 2.3.7	<b>[Automatic Increase for Life - Graded]</b> Your [Daily/Monthly] Benefit and Total Coverage amount [(less any claims paid)] will automatically increase by 5% compound while you're age 60 or younger, by 3% compound between the ages of 61 and 76, then by 2% compound each year thereafter...	Replace header and all supporting text for appropriate rider selected by group  Insert either [Daily] or [Monthly] depending on plan type.	1
Learning Center	Plans Tab 2.3.7	You prefer your coverage to automatically increase each year – regardless of your health. You won't need to make purchase decisions every [two/three] years.	Insert [two/three] depending on plan type.	1
Learning Center	Plans Tab 2.3.7	[In the early years, you want the strength of compounding with a lower cost than some other compound options; or, for the same cost, you'd like a higher benefit amount.]	Include this sentence if a compound option is available to the group.	2
Learning Center	Plans Tab 2.3.8	[Note that the Automatic Increase options described above are available for an additional premium.]	Include this statement if an optional benefit increase option is available to the group. (i.e., not just FPO offered)	1
Learning Center	Plans Tab 2.4.4	<b>Waiting Period.</b> Once you qualify for benefits, your benefits will begin after a [60/90] day elimination period. The elimination period begins on the first day you receive covered long term care services. If you continue to qualify, you will receive benefits for the covered long term care services after [60/90] [calendar/covered-service days.] You will only need to satisfy the elimination period once in your lifetime [and your covered-service days do not need to be consecutive].	Depends on which plan is offered to the group.  Insert [calendar] or [covered service] days depending on which plan is offered to the group.  Include last phrase only if covered service days was selected by the group	1
Learning Center	Plans Tab 2.5.2	<b>It's portable.</b> [Take this coverage with you, even if you leave this group, as long as you pay your premiums.]	Use this sentence for employer groups.	2
Learning Center	Plans Tab 2.5.2	<b>It's portable.</b> [Membership has its privileges, however if you choose to leave the association you'll still be able to take this coverage with you, as long as you pay your premiums.]	Use this sentence for association groups	3
Learning Center	Plans Tab 2.5.3	<b>[Streamlined Underwriting] [Guaranteed Coverage]</b>	Insert [Streamlined underwriting] or [Guaranteed coverage] as header based on underwriting types (applications) available for group. <b>If underwriting type is ALL long form, do not show section (ie., AARP)</b>	3
Learning Center	Plans Tab 2.5.3.1	[During [group name]'s enrollment period, [employees/members/retirees] are guaranteed coverage – as long as you [are actively at work/ are a member in good standing/ meet eligibility requirements] both on the day you apply and on the day your coverage becomes effective. [Your spouse [or domestic partner] may be able to take advantage of streamlined underwriting, which means fewer medical questions to answer.]	Only Include this paragraph if <b>guaranteed coverage</b> header shows above. [Group Name] inserted based on case set up. [employee/member] and [actively at work/a member in good standing] based on group type. [or domestic partner] include only if Functional State (1st) and group (2nd) allow	2
Learning Center	Plans Tab 2.5.3.2	[During [group name]'s enrollment period, you and your spouse [or domestic partner] may be able to take advantage of streamlined underwriting [, depending on your age and the plan you choose], which means fewer medical questions to answer.]	Only include this paragraph if group is <b>streamlined underwriting</b> is header above. [Group Name] insert from case set up  [or domestic partner] include only if Functional State (1st) and group (2nd) allow	2

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Learning Center	Plans Tab 2.5.4	<b>[Streamlined Underwriting or Guaranteed Coverage.</b> During [group name]'s enrollment period, [employees/members/retirees] will receive either guaranteed coverage or streamlined underwriting – depending on [your age] [and] [the plan you choose] – as long as you are [actively at work / are a member in good standing / meet eligibility requirements] both on the day you apply and on the day your coverage becomes effective. [Your spouse [or domestic partner] may be able to take advantage of streamlined underwriting [ - depending on [age] [and] [the plan selected] – which means fewer medical questions to answer.]	Only include this paragraph if group has <b>combination of guaranteed issue and streamlined underwriting for employees</b> based either plan chosen (i.e., 10 year duration) or age. [Group Name] inserted based on case set up. [employee/member] and [actively at work/a member in good standing] based on group type. [or domestic partner] include only if Functional State (1st) and group (2nd) allow	2
Learning Center	Plans Tab 2.5.5	<b>[[Group name] supports this program.</b> [Group name] recognizes the financial and emotional burden a long term care event may have on you and your family.]	Insert this paragraph is accepted by group.  Insert [group name]	2, 1
Learning Center	Plans Tab 2.5.5	[They want each of their [employees/members/retirees] to have the opportunity to be protected against this risk and, for that reason, strongly urge you to consider adding long term care insurance to your financial plan.]	Append this paragraph to above if plan is voluntary only (Non-core). Indicate employee, member or retiree, based on who is eligible.	2, 1
Learning Center	Plans Tab 2.5.5	[They want each of their [employees/members/retirees] to be protected against this risk and, for that reason, are making contributions to help fund your Long Term Care Insurance plan.]	Append this paragraph to above if plan is core only. Indicate employee, member or retiree base on who is eligible.	2, 1
Learning Center	Plans Tab 2.5.6	<b>[Payroll [/Annuity] deduction.]</b> [Your premiums [- as well as those of your spouse [or domestic partner]] - can be easily paid for through payroll [/ annuity] deduction.]	This entire paragraph may be omitted if group does not allow payroll and/or retiree's annuity deduction.  Spouse language appears if group allows spouse premiums to come from payroll /annuity deduction.	2, 1
Learning Center	Plans Tab 2.5.7	<b>[AARP and Genworth - a winning combination.</b> You need a company you can trust to help protect your assets and lifestyle as you grow older. Since long term care is so future oriented, you need an insurer with the financial stability and commitment to be around years from now. That's why this AARP Group Long Term Care Insurance Program, underwritten by Genworth Life Insurance Company, is now available to AARP members.]	Insert this for AARP only.	2
Learning Center	Plans Tab 2.5.9	<b>[30]-day free look.</b> You have [30] days from the time..	30, 90 Currently may vary by case (or by state) Reserve right to change free look period.	1
Learning Center	Plans Tab 2.5.10	<b>[AARP and Genworth.</b> AARP is dedicated to enhancing quality of life for all of us as we age. Genworth Life, through its experience and thought leadership concerning long term care issues, is dedicated to providing AARP's members with a unique set of plan options, designed to address the possibility of future long term care needs.]	Include this paragraph for ER groups only.	2
Learning Center	Plans Tab 2.5.11	<b>It's easy to enroll.</b> You can enroll [using the web] [, by phone at [(888)-111-1111]] [, with an agent] or with a paper application - whatever works best for you.	Use [using the web] for all Functional States who permit online enrollment; [by phone] if group permits phone enrollment. # may vary by group; [with an agent] - varies by group	1
Learning Center	Plans Tab 2.5.12	<b>[Partnership for long term care.</b> You can now purchase a long term care insurance...]	All of this section appears only in Resident States where Partnership is available to the group.	2
Learning Center	Plans Tab 2.6.1	<b>[Couples discount]...</b>	Include this section only if couples discount applies to group	1
Learning Center	Plans Tab 2.6.1	[If you and your spouse [or domestic partner] both apply for coverage, each of you can receive a [10%] discount.]	Varies by policyholder.	1
Learning Center	Plans Tab 2.6.1	[When both you and your partner apply for coverage together, a premium discount may apply: [[x]% if both are eligible to apply.] [40% if both are issued, 25% if both are eligible to apply and only one is issued.] Applicants who answer "yes" to the insurability profile questions on their application are not eligible for the discount.]	Varies by policyholder.	1

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Learning Center	Plans Tab 2.6.2	<b>[Preferred Health discount.</b> If you are in good health, based on Genworth Life's underwriting standards, you may qualify for an additional discount.]	Include this header and subsequent text only if preferred health applies to group	2
Learning Center	Plans Tab 2.6.3	<b>[Informal Care.</b> Help provided by a friend or family member, who didn't live in your home when you became claim eligible, may also be reimbursed - as long as the caregiver isn't compensated as an employee of a home health agency or Independent Provider. This care may include help managing medications, simple health care tasks, or assisting you with the activities of daily living.]	Include this header and subsequent text only if preferred health applies to group	2
Learning Center	Plans Tab 2.6.4	<b>International coverage.</b> If you think you may retire outside the United States, you'll also be covered for qualified nursing home care you receive in other countries. Your covered expenses will be reimbursed up to 75% of your [Daily/Monthly] Benefit for up to 4 years.	Insert [Daily] or [Monthly] depending on plan type.	1
Learning Center	Plans Tab 2.6.5	<b>[Return of Premium.</b> If you're concerned about what happens to the money you've paid into your insurance plan should you die before receiving benefits this feature will appeal to you...	Include this section only if ROP applies to group; Follow with appropriate description (see below)	2
Learning Center	Plans Tab 2.6.5.1	<b>[Graded Return of Premium:</b> If you die before age 65, 100% of the premiums you've paid (less any benefits paid) will be returned. After you're 65, the percent of premiums returned will reduce 10% per year. No benefit is payable when you reach age 75.]	Varies by policyholder. Follows intro paragraph on Return of Premium (see above)	1
Learning Center	Plans Tab 2.6.5.2	<b>[Full Return of Premium:</b> If you die after being covered for 10 years, 100% of the premiums you've paid (less any benefits paid) will be returned.]	Varies by policyholder. Follows intro paragraph on Return of Premium (see above)	1
Learning Center	Plans Tab 2.6.6	<b>[Non-Forfeiture Benefit Rider</b> If you're concerned about losing your benefits should you stop paying into your plan, this feature may be for you. This rider allows for a reduced amount of coverage if your plan would otherwise end because you didn't pay your premium after your coverage is in force for three years. This reduced coverage (your Total Coverage Amount) is based on the premiums you have already paid (less any claims paid), but will be no less than the benefits payable for 30 days of facility care. There is an additional charge for this rider.]	Include this section only if NF is an option to ee's of the group; May be required to display as option in some states.	2
Learning Center	Plans Tab 2.6.7	<b>[Shared Coverage.</b> This benefit allows you and your [spouse]/[partner] to share Total Coverage Amounts. If you and your [spouse]/[partner] purchase identical coverage and one of you exhausts your benefit, the other's remaining Total Coverage may be used.]	Insert this header and subsequent text only if applies to group.  [partner] include only if Functional State (1st) and group (2nd) allow	2, 1
Learning Center	Plans Tab 2.6.8	<b>[Shared Coverage with Joint Waiver.</b> This benefit allows you and your [spouse]/[partner] to share Total Coverage Amounts. If you and your [spouse]/[partner] purchase identical coverage and one of you exhausts your benefit, the other's remaining Total Coverage may be used. If waiver of premium applies to your coverage, it will also apply to your [spouse]/[partner] coverage.]	Insert this header and subsequent text only if applies to group.  [partner] include only if Functional State (1st) and group (2nd) allow	2, 1
Learning Center	Plans Tab 2.6.9	<b>[Joint Coverage.</b> This benefit allows you and your [spouse/partner] to share Total Coverage Amounts. If you and your [spouse/partner] purchase identical coverage and one of you exhausts your benefit, the other's remaining Total Coverage may be used. If waiver of premium applies to your coverage, it will also apply to your spouse/partner coverage.]	Insert this header and subsequent text only if applies to group.  [partner] include only if Functional State (1st) and group (2nd) allow	2, 1
Learning Center	Plans Tab 2.6.10	<b>[Survivorship.</b> If you and your [spouse/partner] have both owned coverage for the specified number of years that includes the same survivorship benefit[, have not received benefits] and one of you dies, all future premium payments will be waived for the survivor's coverage.]	Insert this header and subsequent text only if applies to group.  Insert [, have not received benefits] if available to the group.	2, 1
Learning Center	Plans Tab 2.6.11	<b>[Restoration of Benefits.</b> If you've been on claim and, for a period of 180 days, recover to the extent that you can perform 5 of the 6 activities of daily living, and do not have a severe cognitive impairment, your remaining Total Coverage amount will be increased by the amount of benefits that were paid. This benefit will not apply if coverage is in Non-forfeiture status. ]	Insert this header and subsequent text only if applies to group.	2, 1

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Learning Center	Plans Tab 2.6.12	<b>[Home Care Right Away.</b> Enables you to receive home and community care benefits as soon as you are benefit eligible.]	Insert this header and subsequent text only if applies to group.	2, 1
Learning Center	Plans Tab 2.6.13	<b>[Transition Benefit.</b> Pays a one time cash benefit of [5 times your Daily Benefit] [15% of your Monthly Benefit] while you are satisfying your waiting period.]	Insert this header and subsequent text only if applies to group.  Insert appropriate description based on whether plan offers daily or monthly benefit.	2, 1
Learning Center	Plans Tab 2.6.14	<b>[Home and Community Care %.</b> You can choose [50%][60%][75%][or 100%] of your [Daily/Monthly] Benefit that can be used for homecare. Use the cost of care in your area as a guide to decide what's right for you.]	Insert this header and subsequent text only if applies to group.  Insert appropriate % and daily/monthly depending on group plan design.	2, 1
Learning Center	Plans Tab 2.6.15	<b>[Assisted Living %.</b> You can choose [50%][60%][75%][or 100%] of your [daily/monthly] benefit to be used toward covered assisted living expenses. Use the cost of care in your area as a guide to decide what's right for you.]	Insert this header and subsequent text only if applies to group.  Insert appropriate % and daily/monthly depending on group plan design.	2, 1
Learning Center	Plans Tab 2.6.16	<b>[Accelerated Premium Payments.</b> By paying a larger premium, payments are needed only for a limited time. [You can pay up your coverage by your 10th policy anniversary if you pay a larger premium for 10 years.] [Or,] [You can pay up your coverage by age 65 if you pay a larger premium until that time.]	Insert this header and subsequent text only if applies to group.  Insert appropriate payment schedules based on whats available to group plan design.	2, 1
Learning Center	Plans Tab 2.6.17	<b>[Payment Frequency.</b> You can choose how often you pay your premiums, either [monthly,] [quarterly,] [semi-annually,] or [annually]. If premiums are paid over the course of the year, instead of less frequently, there are additional charges. You'll save money if you choose a less frequent payment option. [Payroll deduction is only available if you select the monthly payment frequency.]]	Insert this header and subsequent text only if applies to group.  Insert appropriate payment schedules based on whats available to group plan design.  Include payroll deduction reference if available to the group.	2, 1
Learning Center	Plans Tab 2.6.18	<b>[Limited Assisted Living Facility.</b> This benefit covers payments for care and support services provided while in an assisted living facility, but does not cover rent for the facility.]	Insert this header and subsequent text only if applies to group.	2, 1
Learning Center	Plans Tab 2.6.19	<b>[Deductible.</b> As with other types of insurance, you can choose a deductible which you must satisfy before benefits are paid. The deductible is equal to [50] times your [Daily/ Monthly] Benefit in effect when a claim is made.]	Insert this header and subsequent text only if applies to group.  Insert appropriate [x] times the [daily/monthly] benefit based on group plan design.	2, 1
Learning Center	Plans Tab 2.6.20	<b>[Coverage %.</b> With this option you are responsible for the first [20%] of your actual covered long term care expenses and the plan will pay [80%] - up to your [Daily/Monthly] Benefit. ]	Insert this header and subsequent text only if applies to group.  Insert appropriate % and daily/monthly depending on group plan design.	2, 1
Learning Center	Plans Tab 2.7	<b>What care is not covered?</b> Not all long term care services are covered by your plan. For details on what isn't covered, review the "Exclusions and Limitations" section of the Outline of Coverage. Generally, your plan does not cover items such as room and board, treatment, care, and equipment if: [You would not have been charged for them if you did not have insurance.] [You receive care or services outside of the United States of America, except as covered by the International Coverage benefit.] [Your immediate family provides care or services [that are not covered by an Informal Care benefit.] The care may be covered if the family member provides the care as an employee of the organization that it paid for services and he or she receives only the normal compensation for that job.] [You receive care in a Veteran's Administration or other federal government facility, unless a valid charge is made.]	Exclusions shown may be deleted or replaced by situs state approved language if applicable to the group.	3, 2, 1



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Learning Center	Plans Tab 2.7.1	Your plan does not cover expenses if the need for long term care is the result of: [War or an act of war, whether declared or undeclared] [Attempted suicide or self-inflicted injury] [Your participation in a felony, riot or insurrection] [Service in the armed forces or units auxiliary thereto] [Alcoholism, addiction to drugs or narcotics, except for addiction to prescription drugs, which you took only as directed by a physician.] State variations may apply to these exclusions and limitations. The specific language may vary or change the impact of the exclusion. [For example, in Oklahoma, the reference to war or act of war is qualified as "War or act of war, while serving in the military service or any auxiliary unit attached to the service..." ] Check your Outline of Coverage for any state variations that apply.	Exclusions shown may be deleted or replaced by situs state approved language if applicable to the group.  Oklahoma reference may be deleted if OK is situs of group -- war exclusion above would read as approved in OK.	3, 2, 1
Learning Center	Plans Tab 2.7.2	<b>Non-duplication of benefits.</b> This program will reimburse benefits only for covered expenses that exceed the amount payable or already paid under: Medicare, including amounts that would be reimbursable in the absence of a deductible or co-insurance amount. [Any state or federal worker's compensation, employer's liability, or occupational disease law.] Any other federal, state or government health care program other than Medicaid.	Non-duplication provision for worker's comp or employer's liability or occupational disease law may be deleted if not applicable to the group	2, 1
Learning Center	Plans Tab 2.7.3	<b>[Coordination with other coverage.</b> Benefits will be reduced when the total amount payable under your coverage and all other [group] Long Term Care Insurance is greater than the actual expenses you incur.]	Insert this header and subsequent text only if applicable to group.  The word "group" may not appear if not applicable to the group..	2, 1

## APPLYING TAB

Learning Center	Applying Tab 3.1	<b>Who is eligible?</b> [To be eligible, you must be [a/an] [actively-at-work,] [full-time/part-time] [employee/member in good standing] and at least 18 years old. [[Retirees and] [O/other family members may apply up to age [80] / must be between the ages of [18] and [80]]. Eligible family members include: o [Your spouse [(includes a person to whom you are joined by marriage or a legal relationship recognized by state law)] [or domestic partner] o [Your parents and parents-in-laws] o [Your step-parents and step parents-in-law] o [Your grandparents and grandparents-in-law] o [Your step-grandparents and step grandparents-in-law] o [Your adult children] o [Your siblings]  All eligible persons must maintain a permanent US residence, and have an active U.S. Social Security or tax identification number.]	Account manager will fill in appropriate eligible parties based on group requirements.	3
Learning Center	Applying Tab 3.1	<b>Who is eligible?</b> [Eligible persons include AARP members and their spouses (or domestic partners) ages 18 – 79 who maintain a permanent U.S. residence and have an active Social Security or U.S. Tax Identification Number. Spouse includes a person to whom you are joined by marriage or a legal relationship recognized by state law.]	Varies by policyholder	2
Learning Center	Applying Tab 3.1	[If you have questions about who is eligible under this plan, please enter your question at the Contact Us link above.]	Varies by policyholder	2
Learning Center	Applying Tab 3.2	<b>How do I apply?</b> Its easy to apply for the [Group Name] Group...	insert group name	3
Learning Center	Applying Tab 3.2	<b>[Apply online.</b> You can apply, sign and submit your application online thanks to our unique electronic signature capability.]	Include if Functional State (1st) and Group (2nd) permit online enrollment.	2

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Learning Center	Applying Tab 3.2	<b>[Meet with a licensed agent.</b> You can meet face to face with a qualified agent who can help you evaluate your options. [Talk with your employer about your company's representative/Call [800-555-1212] to find an agent near you.]	Include if Group promotes meeting with agent. Phone number may vary by group.	2, 1
Learning Center	Applying Tab 3.2	<b>[Apply by phone.</b> If you'd like help completing your application over the phone, customer service representatives are available by calling [800-555-1212].]	Include if Group promotes phone assistance. Insert appropriate phone number.	2
Learning Center	Applying Tab 3.2	<b>[Request an information kit –</b> You can request an information kit with everything you need to apply.]	Include if Group promotes paper kit.	
Learning Center	Applying Tab 3.3 - 3.3.5	<b>[Why apply now?</b> Applying now to [Group name]'s Long Term Care Insurance program has advantages:	Insert this question and subsequent text if any subsequent text is applicable to the group.  Insert Group Name	2, 1
Learning Center	Applying Tab 3.3.1	<b>[Streamlined Underwriting.</b> If you are [an actively at work employee/ a member in good standing [or a[n] [eligible] retiree]], you can take advantage of streamlined underwriting during your enrollment period. This limits the health related questions you [and your spouse [or domestic partner]] need to answer.]	This entire paragraph will not appear if group is guaranteed issue. Replace with [Coverage Guarantee] as long as long form is not the only option; Include [and your spouse...] only if spouses are eligible; Include [or domestic partner] only if Functional State (1st) and group (2nd) allow.	2
Learning Center	Applying Tab 3.3.2	<b>[Coverage Guarantee.</b> During your enrollment period, if you are [an actively at work employee/a member in good standing [or a[n] [eligible] retiree]] on the day you apply, and on the day your coverage becomes effective, your coverage is guaranteed without answering any health questions. [Your spouse [or domestic partner] will have streamlined underwriting which limits the health questions they'll have to answer.]]	This entire paragraph will only appear if anyone in group is eligible for guaranteed issue. Replace with [Streamlined Underwriting] as long as long form is not the only option. Include [Your spouse will have streamlined underwriting...] only if spouses are eligible; Include [or domestic partner] only if Functional State (1st) and group (2nd) allow.	2
Learning Center	Applying Tab 3.3.3	<b>[Coverage Guarantee or Streamlined Underwriting.</b> During your enrollment period, [employees/members/retirees] will receive either guaranteed coverage or streamlined underwriting – depending on [your age] [and] [the plan you choose] – as long as you are [actively at work / are a member in good standing / meet eligibility requirements] both on the day you apply and on the day your coverage becomes effective. [Your spouse [or domestic partner] may be able to take advantage of streamlined underwriting [ - depending on [their age] [and] [the plan they select] – which means fewer medical questions to answer.]	Only include this paragraph if group has <b>combination of guaranteed issue and streamlined underwriting for employees</b> based either plan chosen (i.e., 10 year duration) or age. [Group Name] inserted based on case set up. [employee/member] and [actively at work/a member in good standing] based on group type. [or domestic partner] include only if Functional State (1st) and group (2nd) allow	2
Learning Center	Applying Tab 3.3.4	[If you decide to apply after the enrollment period, you will be required to complete a full health questionnaire and go through underwriting. There is a chance that a health condition may prevent you from qualifying for coverage.]	Follows above for both types of underwriting. However, will not appear if group is long form underwriting only, or if the enrollment period is not limited to a specific time.	2
Learning Center	Applying Tab 3.4.	...or call [1-800-XXX-XXXX] between the hours of [Monday - Friday, X AM and X PM Eastern].	Insert appropriate customer service phone number days and hours of operation.	3
Learning Center	Applying 3.5.1	<b>[Application.</b> If you apply online, you'll get a confirmation that your application has been received.]	Include this section if online enrollment permitted by Functional State (1st) and Group (2nd).	2
Learning Center	Applying 3.5.3	...you'll have [30] days to return it for a refund of your premiums if you change your mind	Driven by free look period for Functional State/group 30, 90	1

## ANNOUNCEMENTS WINDOW

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Learning Center	Announcements Window 4.0	<ul style="list-style-type: none"> <li>• [This program includes coverage for certain care you receive in the comfort of your own home. Customize a plan to fit your budget by clicking on Get a quote.]</li> <li>• [Avoid lengthy medical questions -- apply by [enrollment end date].]</li> <li>• [Don't miss your opportunity ... there are [3] days remaining to apply within the enrollment period.]</li> <li>• [Our online security features protect your personal information.]</li> <li>• [For [employees/members [and [eligible] retirees]], the streamlined online application process only takes about 5 minutes.]</li> <li>• [Learn more by attending a meeting with a Program expert. Date: [mmddyy] Time: [x:00 am/pm] Place: [room name/Address/City, State]</li> <li>• [Learn more about the benefits of long term care by clicking here to view a video.]</li> </ul>	Any of these announcements may show at any given time during open enrollment.  Varies by policyholder	1
<b>BEHIND "GET A QUOTE" BUTTON</b>				
Get a Quote	Step 1: Get a quote Tab 5.0	<b>[Your Quote]</b> <b>[My Future, My Plan]</b>	Appear as headers on this screen.  Varies by policyholder	1
Get a Quote	Step 1: Get a quote Tab 5.1	<b>[Are both members of a couple applying [together online]?</b> You and your partner may be eligible for a premium discount if you both apply.]	Varies by policyholder and group eligibility	2, 1
Get a Quote	Step 1: Get a quote Tab 5.3	<b>[When was your partner born?]</b>	Will only appear if user selects yes, both members of a couple are applying.	2
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.0	<b>[Review] [Your] Plan</b>	Header description varies by Policyholder	1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.1	<b>[A. Plan Design]</b> "My Future, My Plan" is designed exclusively for AARP members. Compare the options below to customize your plan to fit your lifestyle and budget. For additional plan choices, call [XXX XXX.XXXXX]....	Will display for AARP only.	1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.1.1	<b>[Coverage %.</b> The percentage of your [Daily/Monthly] Benefit the plan will pay for covered services. More>> A reduced coverage amount may be for you if you want to reduce your premium by agreeing to pay a portion of your expenses out of pocket.	Will display for AARP only.  Base plan will indicate 80%, Select plan will indicate 100% and Choice Plan will indicate 100%)	1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.1.2	<b>[Home and Community Care %.</b> The amount of your [Daily/Monthly] Benefit that can be used toward home and community care expenses. More>> Customize the % of your [Daily/Monthly] Benefit to suit your needs and budget. Use the cost of care in your area as a guide.	Will display for AARP only.  Base plan will indicate 50%, Select plan will indicate 75% and Choice Plan will indicate 100%)	1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.1.3	<b>[Home Care Right Away.</b> Allows you to receive home and community care benefits with no waiting period. More>> This may be for you if you want to avoid paying expenses for home and community care during the waiting period and don't mind paying a higher premium to get this benefit.	Will display for AARP only.  Base plan will indicate "Not Included"; Select plan will indicate "Not Included" and Choice Plan will indicate "Included")	1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.1.4	<b>[Survivorship.</b> For insured couples, waives premium for the surviving partner if one of you dies. More>> This may be for you if you want to make sure your partner doesn't have to pay premiums after you die. Coverage for both you and your partner must include the same survivorship benefit and must have been active for [7 or] 10 years [, depending on which option you select].	Will display for AARP only.  Base plan will indicate "Not Included"; Select plan will indicate "Not Included" and Choice Plan will indicate "10 year")]	1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.2	<b>[A/B]. Plan Basics</b> [Your plan includes the following benefits:] [Choose from the options below to select your plan basics: ] ["My Future, My Plan" is designed exclusively for AARP members. Compare the options below to customize your plan to fit your lifestyle and budget. For additional plan choices, call [XXX XXX.XXXXX].	[A/B] varies by policyholder.  [Your plan...] displays for core cases. [Choose from...] appears for voluntary cases. [My Future...] appears for AARP.	1

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Get a Quote	Step 2: [Review] [Your] Plan Tab 6.2.1	<b>[Daily/Monthly] Benefit</b> The maximum your plan will pay each [day/month] for covered expenses. [The average cost of assisted living care in your area is [xxxx] per [day/month]. ] [More>> As a rule of thumb choose a [Daily/Monthly] Benefit that comes close to covering today's cost for a [day/month] of care in the [City/State] area. View the Cost of Care map >>]	Insert [Daily] or [Monthly] based on plan type. [More>>] and supporting text will not appear for core cases where there is not a choice. [City/State] and cost of care will populate based on where user indicated they may receive care.	1, 2
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.2.1.1	<b>[How much does care cost in my area?</b> The cost of care you receive not only depends on where you live, but also on the type of care you receive. To find the cost of home or community care, assisted living and nursing home care in your area, use our Cost of Care map.]	This question will not appear for core cases.	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.2.1.2.1	<b>What is the Cost of Waiting?</b> <b>Monthly Costs, [Daily/Monthly] Benefit, Total Coverage</b>	This tool will not appear for core cases where no premium is due.  Insert [Daily] or [Monthly] based on plan type. Amounts are populated from the selections shown on Step 2: Customize Plan screen.	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.2.1.2.2	<b>If you wait....</b> Column 1: Shows # of years for projections. Column 2: Premium Amount	Column 1: More/fewer years may be added for projections - depending on age of user. Column 2: Populated with premium for the same coverage, based on the date of birth indicated on the Get a Quote screen and the benefit selection shown on the Step 2: Customize Plan screen, at the projected year.	1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.2.2	<b>Total Coverage</b> The total pool of money available to pay covered expenses for the lifetime of your coverage. [ More>> As a rule of thumb, choose a Total Coverage amount that will provide for at least three years of assisted living or home care in your area.]	[More>>] and subsequent text will not appear for core cases where employees do not have a choice.	2
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.2.2.1	<b>[How much Total Coverage do I need?</b> Everyone's needs are different, but when making this choice consider a plan that will be sufficient to cover three years worth of long term care expenses. However, you should also think about things like your own family health history, which might guide you to an option that will allow for care for a longer period.]	This section will not appear for core only cases	2
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.2.2.2	<b>[What if I invested instead of buying insurance?</b> ...You will be [xx] yars old by the time...	This tool will not show for core cases where no premiums are due.  We will portray breakeven point where investing premiums (at user chosen after tax rate of return) is equal to Total Coverage amount that could be purchased. [xx] years old will be current age + # of years until breakeven.	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.2.2.2	Total Coverage [XXXX]* Cost: [ \$xx] per month	Will be carried over from selections on Step 2: Customize Plan screen.	1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.2.3	<b>Benefit Increase Options</b> These options increase your [Daily/Monthly] Benefit and Total Coverage over time, helping you keep up with future rising costs of care. [More>>]Buy More Coverage Over Time is automatically included in your plan.] Automatic increase options are available at an additional cost. [Carefully review the "Automatic 5% Increase for Life - Compound" option. It offers the most comprehensive inflation protection. If you select another option, you will be asked to confirm that you have rejected the "Automatic 5% Increase for Life - Compound" option.] ]	Insert [Daily] or [Monthly] based on plan chosen  [More>>] and subsequent text will not appear for core cases.  Other variables will display based on plans available to the group.	1, 2

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Get a Quote	Step 2: [Review] [Your] Plan Tab 6.2.3.1	<b>[Buy More Coverage Over Time]</b> You'll get the chance to increase your coverage every [two/three] years with no medical underwriting. The cost for the increase will be based on your age at that time.]	Replace header and all supporting text for appropriate rider selected by group.  Insert either [two/three] depending on plan type.	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.2.3.2	<b>[Automatic 5% Increase for Life - Compound]</b> Your coverage amounts automatically increase by 5% compound each year. This coverage increase does not trigger a premium increase.]	Always included for Association Groups. Replace header and all supporting text for appropriate rider selected by group	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.2.3.3	<b>[Automatic 4% Increase for Life - Compound]</b> Your coverage amounts automatically increase by 4% compound each year. This coverage increase does not trigger a premium increase.]	Replace header and all supporting text for appropriate rider selected by group.	2
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.2.3.4	<b>[Automatic 3% Increase for Life - Compound]</b> Your coverage amounts automatically increase by 3% compound each year. This coverage increase does not trigger a premium increase.]	Replace header and all supporting text for appropriate rider selected by group.	2
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.2.3.5	<b>[Automatic 5% Increase for Life - Equal]</b> Your coverage amounts automatically increase by 5% simple each year. This coverage increase does not trigger a premium increase.]	Replace header and all supporting text for appropriate rider selected by group.	2
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.2.3.6	<b>[Automatic Increase for Life - Age Adjusted]</b> Your coverage amounts automatically increase 5% compound every year up to age 66, then 5% simple thereafter. This coverage increase does not trigger a premium increase.]	Replace header and all supporting text for appropriate rider selected by group.	2
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.2.3.7	<b>[Automatic Increase for Life - Graded]</b> Your coverage amounts automatically increase every year, but the % declines as you get older: 5% while age 60 or younger; 3% up to age 76; 2% thereafter. This coverage increase does not trigger a premium increase.]	Replace header and all supporting text for appropriate rider selected by group Insert either [Daily] or [Monthly] depending on plan type.	1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.2.4	<b>[Which Benefit Increase Option is right for me?]</b>  <b>How Will My Coverage Grow?</b> This graph shows how your Total Coverage will grow over time depending on the option you select.  This graph uses the [2008] Genworth Financial Annual Cost of Care Survey. It assumes the cost of care in [California] will increase by [5%] annually. For the "Buy More Coverage Over Time" option, this graph assumes that you elect to purchase more coverage every [6] years.	This tool will not display for core cases where employees do not have a benefit increase option choice.  Calculated values for Total Coverage and cost of care will be based on the benefit amounts and state selected earlier and the options available for the Group Policy. Only those benefit increase options available to the group will show. We will portray cost projections based on 5% inflation rate. However, the inflation percentage may decrease or increase based on the then current trends shown by the Genworth Financial Annual Cost of Care survey. "Buy more coverage over time" calculations vary and may be based on coverage being purchased every [3] years in some market environments	2, 1

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Get a Quote	Step 2: [Review] [Your] Plan Tab 6.2.4	<p><b>[Which Benefit Increase Option is right for me?</b></p> <p><b>How much will my coverage cost?</b> This graph shows your annual cost of coverage depending on the option you select.</p>	<p>This tool will not display for core cases where employees do not have a benefit increase option choice.</p> <p>Calculated values for Total Coverage and premiums will be based on the benefit amounts selected earlier and the options available for the Group Policy. Only those benefit increase options available to the group will show. Total Coverage will vary based on the benefit and increase options selection in the Step 2: Customize Plan section. Projections for costs associated with Nursing Home, Residential Care Facility, Home Care are calculated from the current Genworth Financial Annual Cost of Care Survey, using [5%] inflation to project costs over time. Length of time the total coverage will last will vary based on both the total coverage amount selected and the projected cost of care. The % projection currently is 5% but may be varied based to be consistent with trends in the costs of care.</p>	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.2.5	<p><b>[Waiting Period.]</b> The period you must wait before benefits can be paid. Also known as an elimination period. [More&gt;&gt; A longer waiting period may be for you if you want to keep your premiums more affordable, and don't mind paying for care out-of-pocket until benefits begin. A shorter waiting period will increase your premium, but will minimize your out-of-pocket expenses.]]</p>	<p>Will vary by policyholder whether appears here or on next tab.</p> <p>[More&gt;&gt;] and subsequent text will not appear for core cases where employees do not have a choice.</p>	2
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.3	<p><b>[B/C]: [Plan Features/Additional Options/Plan Options]</b> [Your plan includes the following benefits:] [Choose from the additional options below to further customize your plan:]</p>	<p>Tab descriptor and introductory text varies by policyholder and/or by whether case is voluntary or core</p>	1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.3.1	<p><b>[Couples discount]</b> You and your partner may be eligible for a premium discount if you both apply. [More&gt;&gt; When both you and your partner apply for coverage together, a premium discount may apply: [[x]% if both are eligible to apply.] [40% if both are issued, 25% if both are eligible to apply and only one is issued.]]</p>	<p>Include this header and subsequent text only if couples discount is available to the group.</p> <p>[More&gt;&gt;] varies by policyholder and will not be included for core cases.</p>	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.3.2	<p><b>[Preferred Health discount.]</b> You may qualify for a discount if you are in good health. [ More&gt;&gt; If you are in good health, based on a review of your medical records, you'll receive a [x]% discount.]</p>	<p>Include this header and subsequent text only if preferred health is available to the group.</p> <p>[More&gt;&gt;] varies by policyholder and will not be included for core cases.</p>	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.3.3	<p><b>[Return of Premium.]</b> Returns all or part of the premiums you've paid if you die. [More&gt;&gt; This may be for you if you worry about of paying premiums for a benefit you may not receive. It returns a [full] [or] [graded] amount [, depending on the option you select]. ]</p>	<p>Include this header and subsequent text only if ROP is available to the group.</p> <p>[More&gt;&gt;] varies by policyholder and will not be included for core cases.</p>	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.3.4	<p><b>[Non-Forfeiture Benefit.]</b> Enables you to keep some coverage if you stop paying premiums. [More&gt;&gt; This may be for you if you want to retain at least some of your coverage if you stop making premium payments after three years.]]</p>	<p>Include this header and subsequent text only if NF is available to the group.</p> <p>[More&gt;&gt;] varies by policyholder and will not be included for core cases.</p>	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.3.5	<p><b>[Shared Coverage.]</b> Allows you and your partner to draw from each other's Total Coverage. [More&gt;&gt; This may be for you if both you and your partner are buying the same coverage and want a larger pool of money for either one of you to use.]]</p>	<p>Include this header and subsequent text only if benefit is available to the group.</p> <p>[More&gt;&gt;] varies by policyholder and will not be included for core cases.</p>	2, 1

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Get a Quote	Step 2: [Review] [Your] Plan Tab 6.3.6	<b>[Shared Coverage with Joint Waiver.</b> Allows you and your partner to draw from each other's Total Coverage and waives premiums. [ More>> This may be for you if both you and your partner are buying the same coverage and want a larger pool of money for either one of you to use. Neither of you will pay premiums if one of you qualifies for waiver.]]	Include this header and subsequent text only if benefit is available to the group.  [More>>] varies by policyholder and will not be included for core cases.	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.3.7	<b>[Joint Coverage.</b> Allows you and your partner to draw from each other's Total Coverage and waives premiums. [ More>> This may be for you if both you and your partner are buying the same coverage and want a larger pool of money for either one of you to use. Neither of you will pay premiums if one of you qualifies for waiver.]]	Include this header and subsequent text only if benefit is available to the group.  [More>>] varies by policyholder and will not be included for core cases.	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.3.8	<b>[Survivorship.</b> For insured couples, waives premium for the surviving partner if one of you dies. [More>> This may be for you if you want to make sure your partner doesn't have to pay premiums after you die. Coverage for both you and your partner must include the same survivorship benefit and must have been active for [7] [or] [10] years [, depending on which option you selected].	Include this header and subsequent text only if benefit is available to the group.  [More>>] varies by policyholder and will not be included for core cases.	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.3.9	<b>[Restoration of Benefits.</b> Restores your Total Coverage if you recover after being on claim. [More>> This may be for you if you want the option of re-building your Total Coverage.]]	Include this header and subsequent text only if benefit is available to the group.  [More>>] varies by policyholder and will not be included for core cases.	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.3.10	<b>[Home Care Right Away.</b> Allows you to receive home and community care benefits with no waiting period. [ More>> This may be for you if you want to avoid paying expenses for home and community care during the waiting period and don't mind paying a higher premium to get this benefit.]]	Include this header and subsequent text only if benefit is available to the group.  [More>>] varies by policyholder and will not be included for core cases.	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.3.11	<b>[Transition Benefit.</b> Pays a one time cash benefit while you are satisfying your waiting period. [More>> This may be for you if you want help offsetting the costs of qualified services received during the waiting period.]]	Include this header and subsequent text only if benefit is available to the group.  [More>>] varies by policyholder and will not be included for core cases.	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.3.12	<b>[Home and Community Care %.</b> The amount of your [Daily/Monthly] Benefit that can be used toward home and community care expenses. [More>> Customize the % of your [Daily/Monthly] Benefit to suit your needs and budget. Use the cost of care in your area as a guide.]]	Include this header and subsequent text only if a choice is available to the group.  [More>>] varies by policyholder and will not be included for core cases.	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.3.13	<b>[Assisted Living %.</b> The amount of your [Daily/Monthly] Benefit that can be used toward assisted living expenses. [More>> Customize the % of your [Daily/Monthly] Benefit to suit your needs and budget. Use the cost of care in your area as a guide. ]]	Include this header and subsequent text only a choice is available to the group.  [More>>] varies by policyholder and will not be included for core cases.	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.3.14	<b>[Informal Care.</b> You can receive reimbursement for help provided by a friend or family member. [More>> This may be for you if the caregiving family member did not live with you when you became claim eligible.]]	Include this header and subsequent text only if benefit is available to the group.  [More>>] varies by policyholder and will not be included for core cases.	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.3.15	<b>[Accelerated Premium Payments.</b> You can pay up your coverage earlier by paying a larger premium. [More>> This may be for you if you have the resources and desire to pay for your coverage on an accelerated basis instead of paying over your lifetime.]]	Include this header and subsequent text only if a choice is available to the group.  [More>>] varies by policyholder and will not be included for core cases.	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.3.16	<b>[Payment Frequency.</b> You can receive a discount by scheduling payments less frequently. Note that with the monthly option, automatic draft of your checking account is required. [More>> This may be for you if you would like to reduce your overall cost by paying for coverage on a less frequent basis.]]	Include this header and subsequent text only if a choice is available to the group.  [More>>] varies by policyholder and will not be included for core cases.	2, 1



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Get a Quote	Step 2: [Review] [Your] Plan Tab 6.3.17	<b>[Limited Assisted Living Facility.</b> Reduces your cost by excluding assisted-living rent charges. [ More>> This may be for you if you want to minimize your premiums and expect to pay for rent on your own.]]	Include this header and subsequent text only if a choice is available to the group.  [More>>] varies by policyholder and will not be included for core cases.	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.3.18	<b>[Deductible.</b> Reduces your premiums by applying a deductible. [More>> This may be for you if you want to reduce your premiums by agreeing to pay your initial expenses out-of-pocket when you go on claim.]]	Include this header and subsequent text only a choice is available to the group.  [More>>] varies by policyholder and will not be included for core cases.	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.3.19	<b>[Coverage %.</b> The percentage of your [Daily/Monthly] Benefit the plan will pay for covered services. [More>> A reduced coverage amount may be for you if you want to reduce your premium by agreeing to pay a portion of your expenses out-of-pocket.] ]	Include this header and subsequent text only a choice is available to the group.  [More>>] varies by policyholder and will not be included for core cases.	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab 6.3.20	<b>[Waiting Period.</b> The period you must wait before benefits can be paid. Also known as an elimination period. [More>> A longer waiting period may be for you if you want to keep your premiums more affordable, and don't mind paying for care out-of-pocket until benefits begin. A shorter waiting period will increase your premium, but will minimize your out-of-pocket expenses.]]	Include this header and subsequent text only a choice is available to the group; or if it has not already been displayed as a choice on a previous tab.  [More>>] varies by policyholder and will not be included for core cases.	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab Compare Plans Link 7.1.2	<b>[Daily/Monthly] Benefit:</b> The maximum your plan will pay each [day/month] for covered expenses. [The average cost of assisted living care in your area is [xxx] per [day/month]..	Insert [Daily] or [Monthly] and [day] or [month] based on plan type  Insert cost of care based on where user indicated they may need care.	1
Get a Quote	Step 2: [Review] [Your] Plan Tab Compare Plans Link 7.1.4	<b>Home &amp; Community Care %:</b> The amount of your [Daily/Monthly] Benefit that can be used toward home and community care expenses.	Insert [Daily] or [Monthly] based on plan type	1
Get a Quote	Step 2: [Review] [Your] Plan Tab Compare Plans Link 7.1.5	<b>[Assisted Living Care %:</b> The amount of your [Daily/Monthly] Benefit that can be used toward assisted living expenses]	Include if choice was given.  Insert [Daily] or [Monthly] based on plan type	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab Compare Plans Link 7.1.6	<b>Benefit Increase Option:</b> These options increase your [Daily/Monthly] Benefit and Total Coverage over time, helping you keep up with future rising costs of care.	The name of the inflation rider option will replace the bar graph for this component  Insert [Daily] or [Monthly] based on plan type	1
Get a Quote	Step 2: [Review] [Your] Plan Tab Compare Plans Link 7.1.8	<b>[Informal Care:</b> You can receive reimbursement for help provided by a friend or family member.]	Include if selected.	2
Get a Quote	Step 2: [Review] [Your] Plan Tab Compare Plans Link 7.1.9	<b>[Return of Premium:</b> Returns all or part of the premiums you've paid if you die.]	Include if selected.	2
Get a Quote	Step 2: [Review] [Your] Plan Tab Compare Plans Link 7.1.10	<b>[Non-Forfeiture:</b> Enables you to keep some coverage if you stop paying premiums after 3 years.]	Include if selected.	2
Get a Quote	Step 2: [Review] [Your] Plan Tab Compare Plans Link 7.1.11	<b>[Shared Coverage.</b> Allows you and your partner to draw from each other's Total Coverage]	Include if selected.	2
Get a Quote	Step 2: [Review] [Your] Plan Tab Compare Plans Link 7.1.12	<b>[Shared Coverage with Joint Waiver.</b> Allows you and your partner to draw from each other's Total Coverage and waives premiums.]	Include if selected.	2

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Get a Quote	Step 2: [Review] [Your] Plan Tab Compare Plans Link 7.1.13	<b>[Joint Coverage.</b> Allows you and your partner to draw from each other's Total Coverage and waives premiums.]	Include if selected.	2
Get a Quote	Step 2: [Review] [Your] Plan Tab Compare Plans Link 7.1.14	<b>[Survivorship.</b> For insured couples, waives premium for the surviving partner if one of you dies.]	Include if selected.	2
Get a Quote	Step 2: [Review] [Your] Plan Tab Compare Plans Link 7.1.15	<b>[Restoration of Benefits.</b> Restores your Total Coverage if you recover after being on claim. ]	Include if selected.	2
Get a Quote	Step 2: [Review] [Your] Plan Tab Compare Plans Link 7.1.16	<b>[Home Care Right Away.</b> Allows you to receive home and community care benefits with no waiting period.]	Include if selected.	2
Get a Quote	Step 2: [Review] [Your] Plan Tab Compare Plans Link 7.1.17	<b>[Transition Benefit.</b> Pays a one time cash benefit while you are satisfying your waiting period.]	Include if selected.	2
Get a Quote	Step 2: [Review] [Your] Plan Tab Compare Plans Link 7.1.18	<b>[Limited Assisted Living Facility.</b> Reduces your cost by excluding assisted-living rent charges. ]	Include if selected.	2
Get a Quote	Step 2: [Review] [Your] Plan Tab Compare Plans Link 7.1.19	<b>[Deductible.</b> Reduces your premiums by applying a deductible. ]	Include if selected.	2
Get a Quote	Step 2: [Review] [Your] Plan Tab Compare Plans Link 7.1.20	<b>[Coverage %.</b> Reduces your cost by allowing you to pay the first [20]% of covered services and the plan pays [80]%.	Include if selected.	2
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2	Base Plan Premium <b>[\$XX]</b>	Insert total [\$XX] (before any discounts or employer contributions) based on plan selected	1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2	[Rider Name] <b>+[\$xx]</b>	Insert optional riders and their incremental cost	1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2	[Your Group's Contribution <b>-[\$XX]</b> ]	Will only appear if case is core.  Insert [(\$XX)] for total employer contribution.	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2	[Other Discounts <b>-[\$XX]</b> ]	Will only appear if there are other discounts to apply.  Insert [(\$XX)] for total of couples discount and/or preferred health discount. Will only appear if couples discount and/or preferred health is available to the group. If available, but neither discount is selected, this will show as \$0.00.	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2	Your Annual Cost [to age 65/for 10 years] <b>[\$XXX]</b>	[To age 65...] will only appear if accelerated pay is an option that has been selected.  Insert [\$XX] for total annual cost.	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2	Your [Monthly] Cost [Every 3 months/Every 6 months] <b>[\$XX]</b>	Insert mode for payment frequency selected.  Insert [\$xx] modal premium.	1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2.1	<b>[Daily/Monthly] Benefit: [\$x,xxx]</b> The maximum your plan will pay each [day/month] for covered expenses. [The average cost of assisted living care in your area is [xxxx] per [day/month]. ]	Insert [Daily] or [Monthly] based on plan type; Insert selected [daily/monthly] benefit amount Insert cost of care in area user selected.	1

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Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2.2	<b>Total Coverage: [\$XXX,XXX]</b> The total pool of money available to pay covered expenses for the lifetime of your coverage.]	Insert selected total coverage amount.	1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2.3	<b>[Benefit Increase Option: Buy more coverage over time]</b> You'll get the chance to increase your coverage every [two/three] years with no medical underwriting. The cost for the increase will be based on your age at that time. [This feature is automatically included in the plan you select.]	Insert this paragraph only if FPO is selected.  Insert [two/three] based on plan design.  Include last sentence if FPO is default.	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2.4	<b>[Benefit Increase Option: Automatic 3% Increase for Life - Compound]</b> Your coverage amounts automatically increase by 3% compound each year. This coverage increase does not trigger a premium increase.]	Replace header and all supporting text for appropriate rider selected by group	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2.5	<b>[Benefit Increase Option: Automatic 4% Increase for Life – Compound]</b> Your coverage amounts automatically increase by 4% compound each year. This coverage increase does not trigger a premium increase.]	Replace header and all supporting text for appropriate rider selected by group	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2.6	<b>[Benefit Increase Option: Automatic 5% Increase for Life - Compound]</b> Your coverage amounts automatically increase by 5% compound each year. This coverage increase does not trigger a premium increase.]	Always included for Association Groups. Replace header and all supporting text for appropriate rider selected by group	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2.7	<b>[Benefit Increase Option: Automatic 5% Increase for Life - Equal]</b> Your coverage amounts automatically increase by 5% simple each year. This coverage increase does not trigger a premium increase.]	Replace header and all supporting text for appropriate rider selected by group	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2.8	<b>[Benefit Increase Option: Automatic 5% Increase for Life – Age Adjusted]</b> Your coverage amounts automatically increase 5% compound every year up to age 66, then 5% simple thereafter. This coverage increase does not trigger a premium increase.]	Replace header and all supporting text for appropriate rider selected by group	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2.9	<b>[Benefit Increase Option: Automatic Increase for Life – Graded]</b> Your coverage amounts automatically increase every year, but the percentage declines as you get older: 5% while age 60 or younger; 3% up to age 76; 2% thereafter. This coverage increase does not trigger a premium increase.]	Replace header and all supporting text for appropriate rider selected by group	1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2.10	<b>Home &amp; Community Care %: [xx%] of [Daily/Monthly] Benefit</b> The amount of your [Daily/Monthly] Benefit that can be used toward home and community care expenses.	Insert correct % for selection (or group default) and [Daily/Monthly] base on group plan design	1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2.11	<b>[Assisted Living Care Maximum: [xx%] of [Daily/Monthly] Benefit]</b> The amount of your [Daily/Monthly] Benefit that can be used toward assisted living expenses.]	Do not insert if EE doesn't have choice. Will default to 100%.  Insert correct % for selection (or group default) and [Daily/Monthly] base on group plan design	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2.12	<b>Waiting Period [30,60,90,180 days]</b> The period you must wait before benefits can be paid. Also known as an elimination period.	Insert correct # days for EP.	1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2.13	<b>[Informal Care: Included]</b> You can receive reimbursement for help provided by a friend or family member.]	Include if informal care is part of plan design.	2

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Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2.14	<b>[Return of Premium: [Graded] [ Full]</b> Returns all or part of the premiums you've paid if you die.]	Include if iROP is part of plan design.  Specify Graded of Full based on plan default or EE selection	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2.15	<b>[Non-Forfeiture Benefit: Included]</b> Enables you to keep some coverage if you stop paying premiums after three years]	Always included for Association Groups. Insert this section if Non-Forfeiture is available to group. May be required to display as option for some states	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2.16	<b>[Shared Coverage. Included]</b> Allows you and your partner to draw from each other's Total Coverage]	Include if shared coverage is selected.	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2.17	<b>[Shared Coverage with Joint Waiver. Included]</b> Allows you and your partner to draw from each other's Total Coverage and waives premiums.]	Include if shared coverage + Joint waiver is selected.	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2.18	<b>[Joint Coverage. Included]</b> Allows you and your partner to draw from each other's Total Coverage and waives premiums.]	Include if joint coverage is selected.	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2.19	<b>[Survivorship. [7 year] [10 year]</b> For insured couples, waives premium for the surviving partner if one of you dies.]	Include if joint coverage is selected.  Specify 7 or 10 years	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2.20	<b>[Restoration of Benefits. Included]</b> Restores your Total Coverage if you recover after being on claim.]	Include if ROB is selected	2,1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2.21	<b>[Home Care Right Away. Included]</b> Allows you to receive home and community care benefits with no waiting period.]	Include if benefit is selected	2,1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2.22	<b>[Transition Benefit. Included]</b> Pays a one time cash benefit while you are satisfying your waiting period.]	Include if benefit is selected	2,1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2.23	<b>[Limited Assisted Living Facility. Included]</b> Reduces your cost by excluding assisted-living rent charges. ]	Include if benefit is selected	2,1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2.24	<b>[Deductible. Included]</b> Reduces your premiums by applying a deductible.	Include if benefit is selected	2,1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2.25	<b>[Coverage %. [80%]</b> The percentage of your [Daily/Monthly] Benefit the plan will pay for covered services.]	Include if benefit is selected	2,1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2.27	<b>[Apply by [end initial enrollment date] and receive [guaranteed coverage/streamlined underwriting].]</b>	Insert the enrollment end date Insert either [guaranteed coverage] or [streamlined underwriting] depending on underwriting type	2
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2.28	This quote is based on your age of [xx] as of MM/DD/YYYY. Premiums are not guaranteed. It is for illustrative purposes only and may be subject to underwriting approval. [If you've recently had a birthday, you may benefit from our 30-day look back period.]	Appears as footer on plan details. For plans that do not include save age logic, the date displayed will be the date of the quote. For plans that include save age, the date logic should be as follows: If birthday is not within past 30 days, show the date of the quote. If birthday is within past 30 days	1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.2.29	[If you meet certain underwriting requirements, you can receive a preferred health discount on your premium for the life of your coverage. In your online application, your premium will not reflect the preferred health discount. If approved, the discount will be reflected in your final policy documentation.]	Appears as footer on plan details. Show only if preferred health discount is available to the group	2

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Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.3	<b>[View your group's contribution&gt;&gt;]</b>	Include this link for Core cases only.	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.3	[Group Name] realizes the importance of long term care insurance to help protect your hard earned savings and prepare for long term care needs. To help you build a personalized long term care insurance plan, they are contributing [\$xx] to help pay for your plan.]	Include this paragraph for flat amount CORE only. Insert [Group Name] [\$xx] - Core Discount Amount = the \$ per employee	2, 1
Get a Quote	Step 2: [Review] [Your] Plan Tab Plan Summary Link 7.3	[Group Name] realizes the importance of long term care insurance to help protect your hard earned savings and prepare for long term care needs. With that in mind, they are contributing funds to provide a [Daily/Monthly] Benefit of [XXXX] and Total Coverage of [YYY,YYY]. You will automatically receive this benefit. However, if you would prefer to increase your coverage, consider the plan that has been pre-selected or adjust the benefits sliders to pick another option. [Group Name]'s contribution will be applied to reduce your premium for the option you select.]	Include this paragraph for age-based amount CORE only. Insert [Group Name] Include [Daily] or [Monthly] based on plan Insert [\$XXXX] for preselected [daily/monthly] benefit closest to cost of assisted living in the area they plan to retire Insert [\$YYYYYY] for preselected total coverage amount driven by preselected [daily/monthly] multiplied by benefit duration	1
Get a Quote	Step 3: Your Partner's Plan Tab 8.0	<b>[Step 3: Your Partner's Plan]</b>	All content under this tab will be the same as content under Step 2 (see Section 5 - 7 above). This provides opportunity for spouse to apply online at the same time as employee/member. Step 3 will ONLY appear as "Your Partner's Plan" if user indicated both members of a couple were applying together online in Step 1. Otherwise, Step 3 would become "Apply". )	
Get a Quote	Step [3/4]: Apply Tab 9.0	<b>Step [3/4]: Apply</b>	Insert "3" if couples are not applying together. Insert "4" if "Your partners Plan" is a tab presented (see explanation above)	1
Get a Quote	Step [3/4]: Apply Tab 9.0	[To begin the online application, please log into the website using a Microsoft Internet Explorer browser. The online application may not function properly with the browser you're currently using.]	If site detects user is using a Firefox browser, they will receive the following message	2
Get a Quote	Step [3/4]: Apply Tab 9.1	<b>Start the application process by creating an account</b> [To return to an in-progress application at a later date, you will need to create login credentials for yourself.] [Confirm membership]	Supporting text varies by policyholder	1
Get a Quote	Step [3/4]: Apply Tab 9.2	<b>[Before you apply]</b> [Your account has been created and an electronic signature code has been emailed to the address you provided. You should receive your e-Signature in a few minutes. You don't have to wait for the email to arrive - you can start your application now. To submit your completed application electronically, enter the e-Signature you receive. If you prefer paper, you may complete the application online, then print, sign and mail the forms. It's your choice.]	Insert this header and subsequent text if profile has already been created.	2
Get a Quote	Step [3/4]: Apply Tab 9.2	[To start your application with the plan features and choices you saved earlier, click below. To submit your completed application electronically, enter your e-Signature. If you prefer paper, you may complete the application online, then print, sign and mail the forms. It's your choice.]	Insert this header and subsequent text if entering application process for the first time to create a profile.	2

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Get a Quote	Step [3/4]: Apply Tab 9.3	<b>[Welcome back, [user name]...]</b>	Insert this header and subsequent text only if logged back in as a returning visitor who has already created a profile [user name] should come from last created profile	2
Get a Quote	Step [3/4]: Apply Tab Download an application link 9.5	Was the eligible employee hired before [xx/xx/xxxx] Yes or No	Enter appropriate date to identify eligible new hires outside initial enrollment	1
<b>HEADER &amp; FOOTER NAVIGATION</b>				
All pages upper left	Group Name & Logo 10.1	The logo/name of the group will appear on the screen. Links to website may or may not be included. The link Join AARP will only for AARP Program.	Insert group logo, if any, name and link, if any	1
All pages upper right	About Genworth "Strong Foundation" 10.2	[\$114 billion in assets and a presence in more than 25 countries around the world1]. [As of [2008], we are [a component of Standard & Poor's 500 Index of Leading U.S. companies] [and are] [ranked in the Fortune 500].]	Update statistics annually.	3
All pages upper right	About Genworth "Dedicated People" 10.2	We are proud of our [more than 7,000] employees, whose diverse talents and focused commitment to our purpose enable us to make possible the dreams of millions of people around the world.	Remove or update number annually.	2 or 3
All pages upper right	Contact us Link 10.3	<b>Contact Us</b> Your question will be answered within 2 working days. Queries requiring extensive research may take longer and will be answered as soon as possible.  If you prefer to contact us by phone, please call toll free [Monday – Friday, [x] a.m. to [x] p.m., Eastern, at [xxx.xxx.xxxx].	Insert appropriate customer service phone number days and hours of operation.	1
All pages lower left	Disclosures Link 10.5	The plan selections and features described on this website are offered under the [group name]...	Insert group name	1



Genworth  
Financial

Genworth Life Insurance Company  
Form 45330  
06-2008 Website Video Script

The following script is for videos that were made of the listed couples in November 2007 (Turpin) and January 2008 (Stelling) who own Genworth Life Insurance Company long term care coverage.

Interviews were filmed in the persons' homes, in response to general questions on the topic of long term care insurance. All persons were aware that they were filmed. They were not compensated for the interviews, and have signed authorizations to release the videos. The entire video is not shown, only excerpts that are pertinent to the questions asked.

**VIDEO:**

Names super-imposed:

Bob & Nancy Stelling  
LTC Insurance Owners

LoVerne & Roland Turpin  
LTC Insurance Owners

**1. Why consider Long Term Care Insurance?**

***Asset Protection***

Stelling: We don't want to lose what we've worked very hard for and this was a solution -- if something catastrophic happened that we wouldn't have to change dramatically the way our lifestyles have become.

Cut to Turpin:

Turpin: For me long-term care was an absolute, essential, must, because when you weigh it against when what you have to pay or where you would go if you didn't have coverage – to a public facility, it didn't look appealing.

***Impact on family***

Stelling: Well in my case it would be the burden on the family, and with the way families are going in so many directions today, I don't think it would be right to expect to have that responsibility placed on them.

Stelling: life goes on, family goes on, assets come and go, and I would be the one stuck in a bad nursing home if I didn't have proper coverage.

Cut to Stelling

***Peace of mind***

Stelling: Well, we knew that they had long term care insurance and we thought well, maybe, we ought to explore it because the price of medical coverage and the price of, you know, being housed in a facility is just outrageous; and you're just having a gamble when you don't think about long term care insurance.



I'm not invincible, something could happen to me, this could be me. I could be there having my hip replaced. . . .I could be there having my knee replaced or some other even more dramatic and drastic procedure, so... it's nice to have a little bit of comfort.

## **2. What does Long Term Care Insurance cover?**

### ***Care at home***

Turpin: One of the key aspects of Genworth's product that attracted me was that it afforded the opportunity for in-home care, not only at a nursing home facility, but a patient could stay at their own home in their familiar surroundings among family.

## **3. What are the misconceptions about LTC services?**

### ***Cost of care***

Turpin: With my mother ending up having to be in the best care -- in a nursing home -- for over five years. . . .And that was quite expensive, quite expensive. No insurance was there to cover it. And it really was a very devastating to the assets that they worked hard for over the years to accumulate.

Stelling: I thought that for the amount of coverage that we got it was going to be very expensive. I know my health insurance is very expensive that I have to pay. I thought this would be probably on a par with that, but it's less then, what you know, I pay monthly for a health insurance policy.

### ***Care at home***

I basically thought that the long term care insurance was if I had to go to a home of some type or you know...Facility to stay in the facility and I was pleasantly surprised that we had the option of having someone come to the home, a traveling nurse or whatever to take care of me in my home so if I could, I wouldn't have to go a long term care facility. So that was new to me and that was very appealing to me.

## **4. How do I choose my coverage?**

### ***Personal finances***

Stelling: Pretty much looked at our budget, looking at what we would need to be comfortable in our day-to-day and month-to-month annual living, what our expenses were.

And... I think we came up with a number that we wouldn't feel strapped as far as a budget was concerned but we could take care of our financial obligations whether they happened in the immediate future or down the line.

Cut to Turpin

***Cost of care***

Turpin: I looked at the cost of the plan in terms of what it would compensate for nursing home care on the monthly basis. And then I looked at my budget in terms of what I could afford in a monthly payment.

**5. Why Genworth Life?**

***Experience***

Stelling: I started looking at different policies and just doing little bits of research here and there about plans, just basically plans because it was very foreign to me. And Genworth seemed to have a good reputation and it looked like their policy might be comprehensive, certainly for our needs.

***Financial strength***

Stelling: Genworth had a good name. We wanted to have somebody that was big enough that we knew twenty years from now was still going to be there and still going to be financially stable that would be able to give us what they have promised us.

**6. What are the advantages?**

***Affordable options***

Stelling: I was pleasantly surprised at the... at the price of it itself so... for that amount of money that we're spending each year, it sure does give us a peace of mind knowing that we have those funds available to us if everything should happen or anything should happen.

***Choice of caregivers***

Stelling: I think the freedom to be able to choose how we use it ...another benefit. We weren't restricted to this company or that company or this facility and that facility, that we could choose whom our caregivers would be, that was, that's also a nice factor.

***Care coordination***

Stelling: It's almost like a contractor, having sub-contractors come in, you know, so that there would be a coordinated effort and it's not left up to a family member or a third person trying to piece together all of these caregivers and you know . . . okay, we need, occupational therapy this day, we need a homecare nurse to do bandage changes. We need a nutritionist to come in, that there would be somebody who could help . . . coordinate all of those actions and be a resource person.

***Peace of mind***

Stelling: I mean if you didn't have health insurance, look what can happen to you, if you don't have car insurance, so we looked at it the same way. We know we're going to grow old and hopefully we'll never use it, but it's going to be there for us if we do.

Turpin: Since I purchased the Genworth plan, I don't think about how much it's costing me each month, I try to focus on my feeling of security that if something does happen I have coverage and to me that's worth sacrificing something else to have that security. I feel a sense of comfort in the fact that I am protected.

**7. Why apply now?**

***Lower premiums***

Turpin: I looked at the age factor, I felt that it would be more important for me to purchase this at a younger age, I wish I had gotten into when I was in our 50s because I would have locked into a much lower premium.

And I found that right away, you know, the earlier you can get into it, age wise and other wise, the better for you because you, generally in most plans, you could generally lock in your monthly payment.